# PX3 Agarwal Attachment D Great Western Bank Records

09/0B/16 16:49:41 202 326 2558

16053705029 Leslie Lewis

Page 022

## CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

- 1. I, HALIE BROWN, have personal knowledge of the facts set forth below and am competent to testify as follows:
- I have authority to certify the authenticity of the records produced by Great Western
   Bank and attached hereto.
- 3. The documents produced and attached hereto by Great Western Bank are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - Were kept in the course of the regularly conducted activity of Great Western
     Bank; and
  - Were made by the regularly conducted activity as a regular practice of Great
     Western Bank.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on OCT. 320 , 2016.

stitution Name &		Internal Use Free Business Check	
reat Western Ban)		Account Title & Address	
reat western sam 100 Main St	•	Brand Force LLC Acct # 1006	555
ongmont, CO 8050:		357 McCaslin Blvd Ste 200	
(303) 772-0777		Louisville CO 80027	
(303) 112-0111			
vised By: BENEDE	NT.		
vised Date: 05/2		Ownership of Account	. 67
vised Reason: add		The specified ownership will remain the same for all accounts.	
to obtain sufficient in	OPENING INFORMATION: Federal law requires formation to verify your identity. You may be		
ked several questions	and to provide one or more forms of is requirement. In some instances we may use rm the information. The information you provide	Single-Party Account Multiple-Party Account	
entification to fulfill lift tside sources to confi	rm the information. The information you provide	e Corporation - For Profit Corporation - Nonprofit	
protected by our privi	icy policy and tederal law.	Partnership	
ter Non-Individusi Ow wner/Signer Informati	mer Information on page 2. There is additional on space on page 2.	Limited Liability Company	
		☐ Trust-Separate Agreement Dated:	
wner/Signer_Info	ormaiion 1		
ame		Beneficiary Designation	6
elationship		(Check appropriate ownership above - select and initial below.)	
ddress		Single-Party Account	····
		Single-Party Account with Pay-On-Death (POD)	
leiling Address differenti		Multiple-Party Account with Right of Survivorship	
		Multiple-Party Account with Right of Survivorship and POD	
ome Phone		☐ Multiple-Party Account without Right of Survivorship	
/ark Phone			
lobile Phone		Beneficiary Name(s), Addressles), and SSN(s)	
-Mail		(Check appropriate beneficiary designation above.)	
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SN/TIN			
iov't issued Photo ID Type, Number, State, ssue Date, Exp. Date)		The short of this is a common account account.	
	4	If checked, this is a temporary account agreement.	
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imployer		The undersigned authorize the financial institution to investigate c	redit
revious Inancial Inst.		and employment history and obtain reports from consumer reports	ma
Owner/Signer Int	ormation 2	agency(ies) on them as individuals. Except as otherwise provided or other documents, each of the undersigned is authorized to make	DY I8 ≀e
vame		withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personal	t
Relationship		as, or on behalf of, the account owner(s) agree to the terms of, a	nd nd
Address		acknowledge receipt of copy(ies) of, this document and the follow	ving:
Melling Address		Electronic Fund Transfers  Truth in Savings	
if different)		Substitute Checks E Funds Availability	
Home Phone		☑ Common Features □	
Work Phone		Agency Designation (See Owner/Signer Information for Agence	cy
Mobile Phone	to the Hamiltonian and the second of the sec	designation(s).)	
E-Mell		Agency designation (select and initial): Survives OR	
Birth Date		Terminates on disability or incapacity of parties.	
SSN/TIN		- 1	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Blair Monea	
Other ID		2 1	
(Dascription, Details)		Jenniter Johnson	
Employer		3 4 x	
		Yi-X	
Previous Financial Inst.		L."	

Agarwal Attachment D-2

Owner/Signer	Information 3	١	Non-Individual	Owner Information	ranke iko ibasik <u>.</u> .
	intormetion 5		Name	Brand Force LLC	
Name Catalogophia			EIN	27-1858244	
Relationship			Phone		<u>.</u>
Address			Mobile Phone		
			E-Mell	danica@bluerocketbrand	s.com
Muiling Address (if different)			Type of Entity		
Hame Phone			State/Country & Date		
Work Phone			of Organization		
Mobile Phone		]	Nature of		
E-Mail		ļ	Business		
Birth Date		1	Address	357 McCaslin Blvd Ste	200
SSN/TIN		1		Louisville CO 80027	
Gov't issued Photo ID (Type, Number, State, issue Date, Exp. Date)			Mailing Address (it different)		
Other ID (Description, Details)	·		Authorization/ Resolution Date		
Employer		4	Previous Financial Inst.		
Previous Financial Inst.				ription Account #	Initial Deposit/Source
Owner/Signer	Information 4	4	Account Desc.	DENOT ACCOUNTS	######################################
Name		4	Charleton.	9655	Cesh Check
Relationship		4	Checking		Cash L Check
Address .					
Mailing Address (if different)		Opened By: BENEDETJ		Cash Check	
Hame Phone		4			
Work Phone		4	\ <u></u>		<del> </del>
Mobile Phone		4			l'an man
E-Mali		$\dashv$			Cash L Check
Birth Date		$\dashv$	1		
SSN/TIN		$\dashv$	Services Req	uested	BANGER BELLEVILLE
Gov't lasued Photo ID (Type, Number, State, Issue Date, Exp. Date)		4		Debit/Check Cards (No. Requ	ested:)
Other ID (Description, Details)			1 <del> </del>	<u></u>	
		٦			
Employer Previous		1	Other Terms,	/Information	
	holding Certifications				
(If not a "U.S.	Person," certify foreign status separately.) 8244				
X Taxpaver I.	D. Number (YIN) - The number shown above is my er identification number.				
Rocken Wit	bholding - I am not subject to backup withholding		1		
aither because	I have not been notified that I am subject to backup	١.			
or the internal	a result of a failure to report all interest or dividends Revenue Service has notified me that I am no longer				
subject to back	cup withholding.	. 1			
Exempt Re	cicients - I am an exempt recipient under the Interna	4	ŀ		
nevenue servi	negatives of perium the statements checked in				
this section at resident elient	penalties of perjury the statements checked in nd that I am a U.S. person (including a U.S.				
	(Date)	ĺ			
<b>/</b> *	(Date)	ļ	ŀ		
			· • • • • • • • • • • • • • • • • • • •		

Signature Cerd-CO Bankers Systems \*\* Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 5/2/2007 Initials: \_\_\_\_\_ Page 2 of 2

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2002		Agreement Date: 05/05/14   Internal Use Free Business Check
nstitution Nam		Account Title & Address
Freat Western		Indigo Systems, LLC Acct # 0032
5720 W 120 Ave		8888 Keystone Crossing, Suite 1300
Broomfield, CO	i i	Indianapolis IN 46240
(303) 460-033	3	
		Ownership of Account
•	·	The specified ownership will remain the same for all accounts.
PORTANT ACCO	UNT OPENING INFORMATION: Federal law requires	(For consumer accounts, select and initial.)
to obtain sufficie	int information to verify your identity. You may be	Single-Party Account Multiple-Party Account
entification to full	ions and to provide one or more forms of ill this requirement. In some instances we may use	☐ Corporation - For Profit ☐ Corporation - Nonprofit
ntside sources to	confirm the information. The information you provide privacy policy and federal law.	☐ Partnership ☐ Sole Proprietorship
nter Non-Individus	Owner Information on page 2. There is additional	☑ Limited Liability Company
wner/Signer Infor	mation space on page 2.	☐ Trust-Separate Agreement Dated:
Dwner/Signer	Information 1	
lame	Ryan Reichenbach	Beneficiary Designation
lelationship		(Check appropriate ownership above - select and initial below.)
dimen		Single-Party Account
Address	Superior CO 80027	☐ Single-Party Account with Pay-On-Death (POD)
Mailing Address	,	Multiple-Party Account with Right of Survivorship
if different)		Multiple-Party Account with Right of Survivorship and POD
iome Phone		Muhiple-Party Account without Right of Survivorship
Nork Phone	`	
Mobile Phone		Beneficiary Name(s), Address(es), and SSN(s)
E-Mail		(Check appropriate beneficiary designation above.)
Birth Date	/69	
ssm/tin	Sec. 1	]
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DI.	If checked, this is a temporary account agreement.
Other ID .		Number of signatures required for withdrawal: 1
(Description, Dotalis)		Signature(s)
Employer		The undersigned authorize the financial institution to investigate credit
Previous Financial Inst.		and employment history and obtain reports from consumer reporting agency(les) on them as individuals. Except as otherwise provided by law
	Information 2	or other documents, each of the undersigned is authorized to make
Name	Jennifer Johnson	withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and
Reletionship		as or on hebalf of the account owner(s) scree to the terms of, and
Address		acknowledge receipt of copylies) of, this document and the following:
	Lakewood CO 80228	☐ Terms and Conditions ☐ Privacy
Mailing Address		Electronic Fund Transfers  Truth in Savings
(if different)		Substitute Checks Funds Availability
Home Phone		Common Features
Work Phone		Agency Designation (See Owner/Signer Information for Agency
Mobile Phone		designation(s).)
E-Mail		Agency designation (select and initial): Survives OR
Birth Date	/77	Terminates on disability or incapacity of parties.
SSN/TIN		- IN SELIA
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DL	Ryan Reichembach
Other ID (Description, Details)		Jengiser Johnson
Employer		آ x 1 4 [ x
Previous Financial tost.		
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Signature Card-CO		MPMF-LAZ-CO 5/2/2

					Š	<b>"特"特</b>	e es
Owner/Signer	Information 3	Non-Individua	l Owner	Informat	ion		
Name		Name	Indigo	Systems,	LLC		P.
Relationship		EIN	46-5365	370	******		***************************************
		Phone		· · · · · · · · · · · · · · · · · · ·			<del></del>
Address		Mobile Phone				·	
		E-Mal					
Mailing Address (If differem)		Type of Entity		······································			
Home Phone		State/Country & Date		<u></u>	<del></del>	<del></del>	<del></del>
Work Phone		of Organization					*
Mobile Phone		Nature of					
E-Mail		Business	1				
Birth Date			8888 Ke	ystone C	rossing	, Suite 1	.300
SSN/TIN		Address	)	apolis IN			
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)					
Other ID (Description, Details)		Authorization/ Resolution Date					
Employer		Previous	T				<del></del>
Previous Financial lost.		Financial Inst.	<u> </u>	<u> </u>			
Owner/Signer	Information 4	Account Desc	ription   4	Account #	<i>‡</i>	Initial Dep	posit/Source
Name						9	
Relationship		Checking	3	0032		Cash [	Check
Address						P	
Mailing Address (if different)		Opened By: BE	NEDETJ			Cosh [	☐ Check
Home Phone							
Work Phone						<u> </u>	
Mobile Phone		,	1			8	
E-Mail		İ				Cash	Check
Birth Date						⊔	
SSN/TIN							To see
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Services Real		ck Cards (i	No. Requ	ested:	}}
Other ID		19			닏		
(Description, Details)					⊔	·	
Employer		Other Terms/	Informa	tion			
Previous Financial Inst.		Ottage Ferris/	an Dinigi	GVII.		3-39804	
Backup Withh	nolding Certifications				•		
(If not a "U.S.	Person," certify foreign status separately.)						
X Taxpaver I.I	D. Number (TIN) - The number shown above is my ridentification number.						
Backup With	hholding - I am not subject to backup withholding						
either because	I have not been notified that I am subject to backup						
withholding as	a result of a failure to report all interest or dividends, levenue Service has notified me that I am no longer					•	
subject to back							
	ipients - I am an exempt recipient under the Internal						
I certify under	penalties of perjury the statements chacked in d that I am a U.S. person (including a U.S.	•					
x C	(Date)						

Signature Card-CO Benkers Systems to Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 5/2/2007

Initials: Page 2 of 2

stitution Nar	ne & Address	Internal Use Free Business Check  Account Title & Address
reat Western	Bank	Night Watch Group LLC Acct # 0040
720 W 120 Av		450 E 96th St, Suite 500
roomfield, C	I I	Indianapolis IN 46240
(303) 460-03	33	
	<b>\</b>	
	j	Ownership of Account
		The specified ownership will remain the same for all accounts.
to obtain suffic	OUNT OPENING INFORMATION: Federal law requires ient information to verify your identity. You may be	(For consumer accounts, select and initial.)
eun (steves her	stions and to provide one or more forms of ifill this requirement. In some instances we may use	Single-Party Account Multiple-Party Account
teida antımas to	contino the information. The information you provide	Corporation - For Profit Corporation - Nonprofit
protected by ou	r privacy policy and federal law. al Owner Information on page 2. There is additional	Partnership
mer/Signer info	rmation space on page 2. There is additional	
winer/Signor	Information 1	Trust-Separate Agreement Dated:
me me	Anthony J Carson	Beneficiary Designation
ationship		(Check appropriate ownership above - select and initial below.)
		Single-Party Account
dress	Superior CO 80027	Single-Party Account with Pay-On-Death (POD)
lline Address		Multiple-Party Account with Right of Survivorship
illing Address different)		Multiple-Party Account with Right of Survivorship and POD
me Phone		Multiple-Party Account without Right of Survivorship
ork Phone		
iblie Phone		Beneficiary Name(s), Address(es), and SSN(s)
/lail		(Check appropriate beneficiary designation above.)
th Date	/85	
N/TIN		
w't issued Photo ID yps, Number, State,		
ue Date, Exp. Date)		If checked, this is a temporary account agreement.
ther ID escription, Details)		Number of signatures required for withdrawal: 1
		Signature(s)
rployer evious		The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting
renciel Inst.	r Information 2	agency(ies) on them as individuals. Except as otherwise provided by later other documents, each of the undersigned is authorized to make
uus Valtiele Olektiel	Jennifer Johnson	withdrawais from the account(s), provided the required number of
elationship		signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and
idress		acknowledge receipt of copy(ies) of, this document and the following:
uno: 630	Lakewood CO 80228	
ailing Address		Electronic Fund Transfers  Truth in Savings
differenti		Substitute Checks E Funds Availability
me Phone		Common Features
ork Phone .		☐ Agency Designation (See Owner/Signer Information for Agency
obile Phone		designation(s).)
Viail		Agency designation (select and initial): Survives OR
th Date	77	Terminates on disability or incapacity of parties.
SN/TIN ov't issued Photo ID		1[x
ype, Number, State sue Date, Exp. Date		Anthony J Carson
ther ID Description, Details)		2 Jenniter Johnson
mplayer		1.
revious Inancial Inst.		3[x ] 4[x
mature Card-CO		MPMP-LAZ-CO 5/2/5
ankers Systems **	ial Services ©2003, 2006	Initials: Page 1
		•

nstitution N	lame & Address	Internal Use Free Business Check
reat Weste	rn Bank	Account Title & Address
5720 W 120 Ave		Salamonie River LLC Acct # 20083
roomfield,	CO 80020	9465 Counselors Row
(303) 460-	0333	Indianaplis IN 46240
	1	Ownership of Account
	•	The specified ownership will remain the same for all accounts.
	COUNT OPENING INFORMATION: Federal law requires	(For consumer accounts, select and initial.)
to obtain suf ked several o	ficient information to verify your identity. You may be uestions and to provide one or more forms of	☐ Single-Party Account ☐ Multiple-Party Account
entitication to	tuifill this requirement. In some instances we may use to confirm the information. The information you provide	☐ Corporation - For Profit ☐ Corporation - Nonprofit
	our privacy policy and federal law.	☐ Partnership ☐ Sole Proprietorship
ter Non-Indivi	idual Owner Information on page 2. There is additional	Limited Liability Company
	nformation space on page 2.	☐ Trust-Separate Agreement Dated:
wner/Sign	er Information 1	
me	Danielle Foss	Beneficiary Designation
lationship	·	(Check appropriate ownership above - select and initial below.)
ldress		Single-Party Account
	Denver CO 80205	☐ Single-Perty Account with Pay-On-Death (POD)
aiting Address differenti		Multiple-Party Account with Right of Survivorship
ome Phone		Multiple-Party Account with Right of Survivorship and POD
fork Phone		Multiple-Party Account without Right of Survivorship
labile Phone		Beneficiary Name(s), Address(es), and SSN(s)
-Mail		(Check appropriate beneficiary designation above.)
inth Date	84	
SSN/TIN		
Sov't lasued Photo Type, Number, Sta	ID ITE	
ssue Date, Exp. Da		If checked, this is a temporary account agreement.
Other ID Description, Detail		Number of signatures required for withdrawal: 1
	9	Signature(s)
Employer Provious		The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting
Financial Inst.	ner Information 2	agency (les) on them as individuals. Except as otherwise provided by I
Name	Jennifer Johnson	or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of
Relationship		signatures indicated above is satisfied. The undersigned personally ar as, or on behalf of, the account owner(s) agree to the terms of, and
Address		acknowledge receipt of copylies) of, this document and the following
	Lakewood CO 80228	₹ Terms and Conditions ☐ Privacy
Mailing Address		E Bectronic Fund Transfers ☐ Truth in Savings
jit different)		Substitute Checks E Funds Availability
Iome Phone		E Common Features □
Work Phone		Agency Designation (See Owner/Signer Information for Agency
Mobile Phone		designation(s).) Agency designation (select and initial):  Survives OR
E-Mail		Agency designation (select and initial): Survives UK  Terminates on disability or incapacity of parties.
Birth Date SSN/TIN	<sup>2</sup> 77	
Gov't Issued Photo	o ID	1[x 8 x 7035
(Type, Number, St Issue Date, Exp. D	tate, sate)	Danielle Poss
Other ID		2/1
(Description, Detail	its)	Jenniter Johnson
Employer		
Previous Financial Inst.		3[x

			<i>f</i> ::
Owner/Signer Information 3	Non-Individual	Owner Information	
lame	Name	Salamonie River LLC	
leignorship	EIN	46-5336296	
	Phone		
vidiness .	Mobile Phone		
	E-Mail		
Mailing Address	Type of Entity		
		<del> </del>	
tome Phone	State/Country & Date of Organization		,
Nerk Phons			
Mabile Phone	Nature of Business		
5-Mail			
Birth Date	Address	9465 Counselors Row	
SSN/TIN SSN/TIN		Indianaplis IN 46240	
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	Mailing Address (if ditterent)		
Other ID (Description, Details)	Authorization/ Resolution Data		
Employer .	Previous		*
Provious Financial Inst.	Financial Inst.		
Owner, Signer Information 4	Account Desc	ription Account #	Initial Deposit Source
Name			6
Relationship	Checking	0083	Cash Check
Address			
Mailing Address is different)	Opened By: BE	nedetj	Cash Check
Hema Phone			U
Work Phone			
Mobile Phone			<del></del>
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Birth Date	1		U
SGN/TIN			1
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Datei	Services Req	vested  Debit/Check Cards (No. Req	uested:)
Other ID (Description, Details)			
Employer		·/····································	
Previous	Other Terms.	Information	
Backup Withholding Certifications			
(If not a "U.S. Person," certify foreign status separately.) TIN: 46-5336296			
Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.			
Backup Withholding - I am not subject to backup withholding	1 1		
leither because I have not been notified that I am subject to backup			
withholding as a result of a failure to report all interest or dividends,			
or the Internal Revenue Service has notified me that I am no longer			
subject to backup withholding.	1 1		
Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.			
I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).			
1			
X (Date)			
	J L		

Signature Card-CO Bankers Systems <sup>04</sup> Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 5/2/2007 Initials: \_\_\_\_\_\_ Page 2 of 2

stitution Nam	e & Address	Internal Use Free Business Check
		Account Title & Address
reat Western	Bank	Snow Sale Lic Acct # \$612
100 Main St	0503	4845 Pearl East Cir Ste 101
ougmont, CO 8		Boulder CO 80301
(303) 772-077	,	
		· ·
vised By: BEN vised Date: 0	5/20/14	Ownership of Account
vised Reason:	adding signer	The specified ownership will remain the same for all accounts.
PORTANT ACCO	UNT OPENING INFORMATION: Federal law requires ant information to verify your identity. You may be	(For consumer accounts, select and initial.)
LAM AAMAZOI MIMBO	ione and to provine one or more juills of	Single-Party Account Multiple-Party Account
	ill this requirement, in some instances we may use confirm the information. The information you provide	☐ Corporation - For Profit ☐ Corporation - Nonprofit
protected by our	privacy policy and tederal law.	☐ Partnership ☐ Sole Proprietorship
tor Non-Individua	I Owner Information on page 2. There is additional	☑ Limited Liability Company
wner/Signer Infor	mation space on page 2.	Trust-Separate Agreement Dated:
wner/Signer	Information 1	
arne	Brian Lint	Beneficiary Designation
elationship	Auth Signer	(Check appropriate ownership above - select and initial below.)
		Single-Party Account
ddress		Single-Party Account with Psy-On-Death (POD)
-Illian Astronom		Multiple-Party Account with Right of Survivorship
lailing Address I different)		☐ Multiple-Party Account with Right of Survivorship and POD
ome Phone		☐ Multiple-Party Account without Right of Survivorship
Vork Phone		
Aobile Phone		Beneficiary Name(s), Address(es), and SSN(s)
Mail		(Check appropriate beneficiary designation above.)
Irth Date		
SN/TIN		
Sov't Issued Photo ID	DL	
Type, Number, State, ssue Date, Exp. Datel	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If checked, this is a temporary account agreement.
Other ID		Number of signatures required for withdrawal: 1
Description, Details)		Signature(s)
Employer		The undersigned authorize the financial institution to investigate credit
Previous Finencial Inst.		and employment history and obtain reports from consumer reporting agency(les) on them as individuals. Except as otherwise provided by lat
Owner/Signer	Information 2	as ashar dan manta anch of the undercioned is sufficient to make
Name	Jennifer Johnson	withdrawais from the account(s), provided the required number of
Relationship	Auth Signer	as as an habelf of the account owner(s) sores to the terms of, and
Address		acknowledge receipt of copy(ies) of, this document and the following:
٧٠٠		Terms and Conditions Privacy
Mailing Address		Electronic Fund Transfers  Truth in Savings
(if different)		Substitute Checks Funds Availability
Home Phone		Common Features
Work Phone		Agency Designation (See Owner/Signer Information for Agency
Mobile Phone		designation(s).)
E-MeD		Agency designation (select and initial): Survives OR
Birth Date		☐ Terminates on disability or incapacity of parties.
SSN/TIN		
Gov't issued Photo ID (Type, Number, State,		Brian Lint
Issue Date, Exp. Date)		4.1
Other ID (Description, Details)		<sup>2</sup> × Jensifer Johnson
Employer		
Previous		3 x 4 x
Financial Inst.		

h.	Information 3	Non-Individual	Owner Information	
	Information 3	Name	Snow Sale Llc	
Vame		EIN	27-1858344	
Relationship		Phone		
Address		Mobile Phone		
		E-Mail	danica@bluerocketbrand	s.com
Maling Address 51 different)		Type of Entity		
Home Phone				
		State/Country & Date of Organization		
Work Phone			1	
Mobile Phone		Nature of Business	·	•
E-Mail			4845 Pearl Bast Cir St	e 101
Birth Date		Address	Boulder CO 80301	
SSN/TIN Gov't Issued Photo ID				
(Type, Number, State, issue Date, Exp. Date)	-	Mailing Address (if different)		
Other ID (Description, Details)		Authorization/ Resolution Date	<u></u>	
Employer		Previous Financial Inst.		
Previous Financial Inst.			distion Account #	Initial Deposit/Source
Owner/Signer	Information 4	Account Desc	ription   Account #	
Name		on a sind man	9612	lia. na
Relationship		Checking	2012	Cesh Li Check
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(If not a "U.S	Person," certify foreign status separately.)			
TIN: 27-185		]		
X Taypayer I	D. Number (TIN) - The number shown above is my or identification number.			
correct taxpaye	hholding - I am not subject to backup withholding			
althor honsings	t have not been notified that I am subject to backup			
withholding as	a result of a failure to report all interest or dividends,			
or the internal I	Revenue Service has notified me that I am no longer up withholding.			
Exempt Rec	cipients - I am an exempt recipient under the Internal		•	
Loortify under	penalties of perjury the statements checked in that I am a U.S. person (including a U.S.			
resident alien)				
x	(Date)			
		J <u> </u>		

Signature Card-CO Bankers Systems <sup>18</sup> Wolters Kluwer Financial Services Ф2003, 2006 MPMP-LAZ-CO 5/2/2007 Initials: \_\_\_\_\_\_ Page 2 of 2

stitution Narr	ne & Address	Internal Use: Free Business Check
reat Western	Bank	Account Title & Address Solid Ica Lic Acct # 9620
100 Main St		Solid Ice Lie
ongmont, CO 8	0501	Bad Address
(303) 772-077	די	Dell Maricon
wised By: BEN		Ownership of Account
vised Date: (	s adding signer	The specified ownership will remain the same for all accounts.
DODE AND ACCO	WINT OPENING INCODMATION: Endoral law requires	S (For an author populate galact and initial)
to obtain suffici ced several ques	ant information to verify your identity. You may be tions and to provide one or more forms of fill this requirement. In some instances we may use	☐ Single-Party Account ☐ Multiple-Party Account
ntification to ful	fill this requirement. In some instances we may use	Corporation - For Profit Corporation - Nonprofit
protected by our	confirm the information. The information you provide privacy policy and federal law.	☐ Partnership ☐ Sole Proprietorship
rar Noon-Individus	of Owner Information on page 2. There is additional mation space on page 2.	Limited Liability Company
		Trust-Separate Agreement Dated:
wner/Signer	Information 1	
ım <del>e</del>	Danielle Foss	Beneficiary Designation
dationship	Auth Signer	(Check appropriate ownership above - select and initial below.)
idress		Single-Party Account
		Single-Party Account with Pay-On-Death (POD)
ailing Address differenti		Multiple-Party Account with Right of Survivorship  Multiple-Party Account with Right of Survivorship and POD
ome Phone		Multiple-Party Account with night of Survivorship  Multiple-Party Account without Right of Survivorship
ome Phone		Multiple-Party Account Widnest Hight ST 35 VIVOSIND
lobile Phone		Seneficiary Name(s), Address(es), and SSN(s)
Mail		(Check appropriate beneficiary designation above.)
irth Date	1.4	
SN/TIN		
lov't issued Photo ID	DL	
Type, Number, State, ssue Date, Exp. Date)		If checked, this is a temporary account agreement.
Other ID		Number of signatures required for withdrawal: 1
Description, Details)		Signature(s)
imployer		The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting
revious inancial Inst.		
Owner/Signel	Information 2	or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of
Name	Christina Gould	signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and
Relationship	Auth Signer	as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(les) of, this document and the following:
Address		E Terms and Conditions ☐ Privacy
		Electronic Fund Transfers Truth in Savings
Meiling Address (if different)		Substitute Checks Funds Availability
Hame Phone		Common Features
Work Phone		Agency Designation (See Owner/Signer Information for Agency
Mobila Phone		designation(s).)
E-Mail		Agency designation (select and initial): Survives OR
Birth Date		Terminetes on disability or incapacity of parties.
SSN/TIN		- 1[x[ ely to(5
Gov't Issued Photo it (Type, Alumber, State Issue Date, Exp. Date	<b>↓</b>	Danielle Foss
Other ID (Description, Details)	,	2 x Christina Gould
Employer		☐ 3[ v ] 4[ x
Previous Financial Inst.		3[x

Agarwal Attachment D-11

A	Valorimotion 2	Non-Individual	Owner Information	
	Information 3	Name	Solid Ice Llc	
Name		EIN	45-5076196	
Relationship		Phone	43-3010130	
Address		Mobile Phone		
		E-Mail	danica@bluerocketbrand	is con
Mailing Address (if different)			CAMICAEDIUEI OCAECDIAIA	
		Type of Entity		
Home Phone		State/Country & Date of Organization		
Work Phone				
Mobile Phone		Nature of Business		
E-Mail			************	
Birth Date		Address		1
SSN/TIN	,			
Gov't Issued Photo ID (Type, Number, State, Issue Data, Exp. Date)		Mailing Address (if different)		
Other ID (Description, Details)		Authorization/ Resolution Data		
Employer		Previous		
Previous Financial Inst.		Financial Inst.	**************************************	The state of the s
Owner/Signer	Information 4	Account Desc	ription   Account #	Initial Deposit/Source
Name				\$
Relationship		Checking	9620	Cash Check
Address				\ <u> </u>
Mailing Address (if different)		Opened By: BE	NEDETJ	Cesh Check
Home Phone	·	1		
Work Phone				
Mobile Phone		1 1		5
E-Mail		]		Cash Check
Birth Date		] ]		
SEN/TIN			.	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Services Req	uested  Debit/Check Cards (No. Requ	.ested:)
Other ID (Description, Details)				
Employer				
Previous Financial Inst.		Other Terms	antormation	
Backup Withi	holding Certifications			
(If not a "U.S.	Person," certify foreign status separately.)	]		
TIN: 45-507		·		
correct taxpaye	D. Number (TIN) - The number shown above is my ar identification number.			•
either because withholding as or the Internal	thholding - I am not subject to backup withholding I have not been notified that I am subject to backup a result of a failure to report all interest or dividends, not subject to be notified me that I am no longer withholding			
Exempt Rec	tup withholding.  cipients - I am an exempt recipient under the Internal  Regulations.			
Loostify under	penalties of perjury the statements checked in ad that I am a U.S. person (including a U.S.			
× COL	1 fosc 5/23/14 (Date)			

Signature Card-CO Bankers Systems <sup>M</sup> Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 5/2/2007 Initials: \_\_\_\_\_\_ Page 2 of 2

Account	Agreement Date: _22/18/13
nstitution Name & Address	Internal Use Free Business Check
Great Western Bank	Account Title & Address
2100 Main St	Walnut Street Marketing Inc Acct # 9604
	11001 West 120th Ave
Longmont, CO 80501 (303) 772-0777	Broomfield CO 80021
(303) 1/2-011/	
and the DENISTREE T	
evised By: BENEDETJ evised Date: 05/20/14	Ownership of Account
evised Reason: adding signer	The specified ownership will remain the same for all accounts.
IPORTANT ACCOUNT OPENING INFORMATION: Federal law requires	(For consumer accounts, select and initial.)
s to obtain sufficient information to verify your identity. You may be sked several questions and to provide one or more forms of	Single-Party Account Multiple-Party Account
sked several questions and to provide one or more forms of lentification to fulfill this requirement. In some instances we may use utside sources to confirm the information. The information you provide	Corporation - For Profit Corporation - Nonprofit
protected by our privacy policy and federal law.	☐ Partnership ☐ Sole Proprietorship
nter Non-Individual Owner Information on page 2. There is additional	☐ Limited Liability Company
wner/Signer Information space on page 2.	Trust-Separate Agreement Dated:
Owner/Signer Information 1	
Name	Beneficiary Designation
Relationship	(Check appropriate ownership above - select and initial below.)
Address	☐ Single-Party Account
ACCUTEDS	Single-Party Account with Pay-On-Death (POD)
Mailten Address	Multiple-Party Account with Right of Survivorship
Mailing Address (if different)	Multiple-Party Account with Right of Survivorship and POD
Home Phone	Multiple-Party Account without Right of Survivorship
Work Phone	- manhor met voccome arrange mare at om anaroush
Mobile Phone	Beneficiary Name(s), Address(es), and SSN(s)
E-Mail	(Check appropriate beneficiary designation above.)
Birth Dane	
SSN/TIN	1
Grow's Issued Photo ID	1
(Type, Number, State, Issue Date, Exp. Date)	If checked, this is a temporary account agreement.
Other ID	Number of signatures required for withdrawal: _1
(Description, Details)	Signature(s)
Employer	The undersigned authorize the financial institution to investigate credit
Previous	and employment history and obtain reports from consumer reporting
Owner/Signer Information 2	agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the understaned is authorized to make
Name	withdrawals from the account(s), provided the required number of
Relationship	signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and
Address	as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(les) of, this document and the following:
	☑ Terms and Conditions ☐ Privacy
Mailing Address	€ Electronic Fund Transfers ☐ Truth in Savings
(if different)	Substitute Checks Funds Availability
Home Phone	Common Features
Work Phone	Agency Designation (See Owner/Signer Information for Agency
Mobile Phone .	designation(s).)
E-Mail	Agency designation (select and initial): Survives OR
Birth Date	Terminates on disability or incapacity of parties.
SSN/TIN	1.5
Gov't Issued Photo ID	Susan Laurent
(Type, Number, State, Issue Date, Exp. Date)	
Other ID	12/x 1/ 2/2 7065
(Description, Details)	Dantelle Foss
Employer	
Previous Financial Inst.	ગ્ર×

Agarwal Attachment D-13

Owner/Signer	Information 3	Non-Individual	Owne	r Information	
Name	THE CHARGOTT O	Name		Street Marketin	Inc
Relationship		EIN	26-140		
		Phone	1	<del></del>	
Address	1	Mobile Phone			
		E-Mail	danica	@bluerocketbrand	s.com
Mailing Address (If different)		Type of Entity			
Home Phone		State/Country & Date		,	
Work Prone		of Organization	<u> </u>		
Mobile Phone		Nature of	ł		
E-Mail		Business			
Birth Date		Address	11001	West 120th Ave	
SSN/TIN			Broom	Field CO 80021	
Goy't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	·	Mailing Address (if different)			
Other ID (Description, Details)		Authorization/ Resolution Date			·
Employer .		Previous			
Previous Financial Inst.		Financial Inst.			7 (2) (3)
Owner/Signer	Information 4	Account Desc	ription	Account #	Initial Deposit/Source
Name					<u> </u>
Relationship		Checking		9604	Cash Check
Address				·	
Mailing Address (it ditterent)		Opened By: BE	NEDETJ		Cesh Check
Home Phone					D
Work Phone					
Mobile Phone		1			9
E-Mail					Cash Check
Birth Date					U
SENJTIN					
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Services Requirements ATM		neck Cards (No. Requ	ested:)
Other ID					
(Description, Details)				U	<del></del>
Employer		Other Terms)	Intorn	ation	
Previous Financial Inst.		Outer Terms,	ការ១ភាគ	ation	44.7.1 (44.6.7.1 ) 3.
Backup With!	olding Certifications				
(If not a "U.S.	Person," certify foreign status separately.)				
TIN: 26-140					
☑ Taxpayer I.f	Number (TIN) - The number shown above is my ridentification number.				
	holding - I am not subject to backup withholding	1			
either because I	have not been notified that I am subject to backup				
withholding as	result of a failure to report all interest or dividends,	1 1			
or the Internal F	levenue Service has notified me that I am no longer	1 1			
	ipients - I am an exempt recipient under the Internal				
I certify under	penalties of perjury the statements checked in d that I am a U.S. person (including a U.S.				
resident alien)					
x Kill	9 455 5/3/4 (Date)				
		J I			

Signature Card-CO Bankers Systems III Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 8/2/2007

	Account	Agreement Date: _12/19/13
nstitution Name		Internal Use Free Business Check
reat Western B		Account Title & Address
ereat western b 2100 Main St	eur.	Wave Rock Llc Acct # Acct # 639
Longmont, CO 80	501	7702 E Doubletree Ranch Rd Ste 300
(303) 772-0777		Scottsdale AZ 85258
(303) 772 571		
evised By: BENE	DETJ	
evised Date: 0		Ownership of Account
evised Reason:		The specified ownership will remain the same for all accounts.
PORTANT ACCOL	INT OPENING INFORMATION: Federal law requires	(For consumer accounts, select and initial.)
ked several questi	nt information to verify your identity. You may be one and to provide one or more forms of	Single-Party Account Multiple-Party Account
entification to fulfil	notion the information. The information you provide	☐ Corporation - For Profit ☐ Corporation - Nonprofit
protected by our r	rivacy policy and tederal law.	Partnership
nter Non-Individual	Owner Information on page 2. There is additional nation space on page 2.	E Limited Liability Company
		☐ Trust-Separate Agreement Dated:
Dwner/Signer	Information 1	
	Blair William Mcnea	Beneficiary Designation
telationship		(Check appropriate ownership above - select and initial below.)
Address		☐ Single-Party Account
	Boulder CO 80301	Single-Party Account with Pay-On-Death (POD)
		Multiple-Party Account with Right of Survivorship
Mailing Address if different)		Multiple-Party Account with Right of Survivorship and POD
Iame Phone		Multiple-Party Account without Right of Survivorship
Nork Phone		
Viobile Phone		Beneficiary Name(s), Address(es), and SSN(s)
Mail		(Check appropriate beneficiary designation above.)
Birth Date	/62	
SSN/TIN		1
Gov't Issued Photo ID (Type, Number, State,		
ssue Date, Exp. Date)		If checked, this is a temporary account agreement.
Other ID Description, Details)		Number of signatures required for withdrawal: _1  Signature(s)
Employer		The undersigned authorize the financial institution to investigate credit
Previous Pinancial Inst.		and employment history and obtain reports from consumer reporting egency(ies) on them as individuals. Except as otherwise provided by law
Owner/Signer	Information 2	or other documents, each of the undersigned is authorized to make
Name	Danielle Foss	withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and
Relationship	Auth Signer	as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:
Address		<u> </u>
		Terms and Conditions Privacy
Mailing Address		Electronic Fund Transfers Truth in Savings
(if different)		Substitute Checks Funds Availability
Home Phone		Common Feetures
Work Phone	· .	Agency Designation (See Owner/Signer Information for Agency
Mobile Phone		designation(s).)
E-Mail		Agency designation (select and initial): Survives OR
Birth Date		Terminates on lisability or incapacity of parties.
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State,		Blair William Monea
Issue Date, Exp. Date)	_	1.7700 dec
Other ID (Description, Details)		2 X Danielle Foss
Employer		] ,r 1 ,r
Previous		웹x
Financial Inst.	<u> </u>	I

Account /	Agreement Date: 04/30/14
titution Name & Address	Internal Use Basic Savings Comm
eat Western Bank	Account Title & Address
20 W 120 Ave	Wave Rock Llc Acct # Market 1970 F Doubletree Ranch Rd Ste 300
comfield, CO 80020	Scottsdale AZ 85258
303) 460-0333	Scortsdare Az 85250
ised By: BENEDETJ	Ownership of Account
rised Date: 05/20/14 rised Reason: adding signer	The specified ownership will remain the same for all accounts.
ORTANT ACCOUNT OPENING INFORMATION: Federal law requires	(For consumer accounts, select and initial.)
	☐ Single-Party Account ☐ Multiple-Party Account
to obtain sufficient information to verify your identity. To may be ed several questions and to provide one or more forms of hitflighthis requirement. In some instances we may use side sources to confirm the information. The information you provide	☐ Corporation - For Profit ☐ Corporation - Nonprofit
totected by off bitasca bolica sun length isaa.	☐ Partnership ☐ Sole Proprietorship
or Mondreitvicked Owner Information on page 2. There is additional	☑ Limited Liability Company
ner/Signer information space on page 2.	☐ Trust-Separate Agreement Dated:
wner/Signer Information 1	
ne	Beneficiary Designation
acionship	(Check appropriate ownership above - select and initial below.)
fress	Single-Party Account
	Single-Party Account with Pay-On-Death (POD)
ling Address	Multiple-Party Account with Right of Survivorship
	Multiple-Party Account with Right of Survivorship and POD
me Phone	Multiple-Party Account without Right of Survivorship
rk Phone	Beneficiary Name(s), Address(es), and SSN(s)
bile Phone Asil	(Check appropriate beneficiary designation above.)
	Check appropriate perendary designation and the
th Date	
N't Issued Photo ID DL	
rpe, Namber, State, ue Date, Exp. Datel	If checked, this is a temporary account agreement.
ther ID	Number of signatures required for withdrawal: 1
escription, Details)	Signature(s)
nployer ;	The undersigned authorize the financial institution to investigate credit
evicus nancial Inst	and employment history and obtain reports from consumer reporting agency(las) on them as individuals. Except as otherwise provided by law
Winer/Signer Information 2	a star designate pack of the inderstand is sufficient to make
ime	withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and
elationship	as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:
diress	l
	☐ E Terms and Conditions ☐ Privacy  K Electronic Fund Transfers ☐ Truth in Savings
alling Address different	
	E Substitute Checks Funds Availability
ork Phone	
chile Phone	Agency Designation (See Owner/Signer Information for Agency designation(s).)
Mail	Agency designation iselect and initials: Survives OR
irth Date	Terminates on disability or incapacity of parties.
SN/TIN	] r / 200 4 ~
ov't issued Photo ID	Danielle Poss
Type, Number, State, ssue Date, Exp. Date)	themetre ross
Other ID	2 x
Description, Details)	]
Description, Details) imployer	_

0	Jajacmation 2	Non-Individual	Owno	r Information	es direction
·	Information 3	Name		lock Llc	
Name		EIN	30-072		
Relationship		Phone	30-072	10072	
Address					
<u></u>		Mobile Phone		a@bluerocketbrand	
Mailing Address		E-Mail	Cante	Repluciockecoratio	s.com
(if different)		Type of Entity	├		·
Home Phone		State/Country & Date of Organization	1		
Work Phane		Or Organization			
Mabile Phone		Nature of Business	•		
E-Mail		COURS	<u> </u>		
Birth Date		Address		E Doubletree Ranc	h Rd Ste 300
SSN/TIN			Scott	sdale AZ 85258	
Gov't Issued Pheto ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)			
Other ID (Description, Details)	·	Authorization/ Resolution Date			
Employer Provious		Previous Financial Inst.			
Financial Inst.	Information 4	Account Desc	ription	Account #	Initial Deposit/Source
Name					\$
Relationship		Checking		6293	Cash Check
Address					<u> </u>
Mailing Address (it different)		Opened By: BE	nedetj		Cash Check
Home Phone					O
Work Phone					
Mobile Phone					
E-Mail					Cash Check
Birth Date					[0
SSN/TIN					
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date		Services Req		heck Cards (No. Requ	ested:)
Other ID (Description, Details)					
Employer					
Previous Financial Inst.	halding Certifications	Other Terms	/Inform	ation 🥌	
		1			
If not a "U.S. TIN: 30-072	Person," certify foreign status separately.) 0692	<u> </u>			
X Taxnaver I.	D. Number (TIN) - The number shown above is my ar identification number.				
Reckum Wit	tholding - I am not subject to backup withholding	1 1			
either because withholding as or the internal	I have not been notified that I am subject to backup a result of a failure to report all interest or dividends, Revenue Service has notified me that I am no longer tup withholding.		·		
Exempt Re	cipients - I am an exempt recipient under the Internal				
I certify under	penalties of perjury the statements checked in and that I am a U.S. person (including a U.S.				
resident alien	14058 S/23/140010)				
	10	]			

Signature Card-CO Bankers Systems M Wolters Kluwer Financial Services ©2003, 2006 MPMP-LAZ-CO 5/2/2007 Initials: \_\_\_\_\_ Page 2 of 2

	Account	Agreement Date: _12/19/13
institution Nar	ne & Address	Internal Use Free Business Check
		Account Title & Address
Great Western 2100 Main St	Bank	Wild Farms Llc Acct # 250.9647
Longmont, CO	80501	6260 Lookout Rd Ste 100
(303) 772-07		Boulder CO 80301
(303) //2-0/		
tevised By: BE	NEDERT	
Revised Date:		Ownership of Account
	adding signer	The specified ownership will remain the same for all accounts.
s to obtain suffic	OUNT OPENING INFORMATION: Federal law requires lent information to verify your identity. You may be	(For consumer accounts, select and initial.)
sked several que	stions and to provide one or more forms of iffill this requirement. In some instances we may use confirm the information. The information you provide	Single-Party Account Multiple-Party Account
dentification to Tu outside sources to	confirm the information. The information you provide	Corporation - For Profit U Corporation - Nonprofit
s protected by ou	r privacy policy and tederal law.	Partnership
inter Non-Individu Iwner/Signer Info	al Owner Information on page 2. There is additional umation space on page 2.	Limited Liability Company
		Trust-Separate Agreement Dated:
AND A COURT OF A COURT	Information 1	
Name	Jennifer Johnson	Beneficiary Designation
Relationship	Auth Signer	(Check appropriate ownership above - select and initial below.)
Address		Single-Party Account
		☐ Single-Party Account with Pay-On-Death (POD)
Mailing Address (if different)		Multiple-Party Account with Right of Survivorship
Home Phone		Multiple-Party Account with Right of Survivorship and POD
Work Phone		Multiple-Party Account without Right of Survivorship
Mobile Phone		
E-Mail		Beneficiary Name(s), Address(es), and SSN(s)
		(Check appropriate beneficiary designation above.)
Sirth Dete SSN/TIN	1	1
Gov't Issued Photo I	• •	
(Type, Number, State, Issue Date	· 1	☐ If checked, this is a temporary account agreement.
Other ID	1	Number of signatures required for withdrawal: _1
(Description, Details)	,	Signature(s)
Employer		The undersigned authorize the financial institution to investigate credit
Previous		and employment history and obtain reports from consumer reporting
Owner/Signe	r Information 2	agency(les) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make
Name	Blair William Mcnea	withdrawals from the account(s), provided the required number of
Relationship		signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and
Address		acknowledge receipt of copy(les) of, this document and the following:
- AND GOOD	Boulder CO 80301	☑ Terms and Conditions ☐ Privacy
Mailing Address		Electronic Fund Transfers Truth in Savings
6f different)		Substitute Checks Funds Availability
Home Phone		€ Common Features
Work Phone		Agency Designation (See Owner/Signer Information for Agency
Mobile Phone		designation(s).)
E-Mail		Agency designation (select and initial): Survives OR
Birth Date	62	Terminates on disability or impapacity of parties.
SSN/TIN		
Gov't Issued Photo ID	, , , , , , , , , , , , , , , , , , , ,	Jennifer Johnson
lasue Date, Exp. Date		1 4
Other ID (Description, Details)		2 x
		Blair William Monea
Employer Previous		3[x
Finencial Inst.		
Sinnatura Card AA		MPMP-LAZ-CO 5/2/20
Signature Card-CO Bankers Systems ** Wolters Khuwar Systems	ijal Services ©2003, 2008	Initials: Page 1 of
THEFT DESIGNATIONS		

			•	
Owner/Signer	Information 3	Non-Individual	Owner Information	
	Timorniation o	Name	Wild Farms Llc	
Name Relationship		EIN	27-1858429	
reservoisieb		Phone		
Address		Mobile Phone		·
		E-Mail	danica@bluerocketbrand	S.COM
Mailing Address (if different)	·	Type of Entity	UMITCH CONCLUTION	D. COM
Home Phone				
Werk Phone		State/Country & Date of Organization		
Mobile Phone		Nature of		
E-Mail		Business		
Birth Date		Address	6260 Lookout Rd Ste 10	0
SSN/TIN .		7.00,000	Boulder CO 80301	
Gov't Issued Phote ID (Type, Number, State, Issue Date, Exp. Date)		Mailing Address (if different)		
Other ID (Description, Details)		Authorization/ Resolution Date		:
Employer Previous		Previous Financial Inst.		
Owner, Signer	Information 4	Account Desc	ription Account #	Initial Deposit/Source
Name				8
Relationship		Checking	9647	Cash Check
Address				
Malling Address (if different)		Opened By: BE	NEDRIJ	Cash Check
Home Phone		<b>.</b>		[
Work Phone				
Mobile Phone				\$
E-Mail				Cash L Check
Birth Date				
SSN/TIN				
Gov't issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		Services Req	vested  Debit/Check Cards (No. Requ	ested:)
Other ID (Description, Details)				
Employer		Other Terms	Anformation	
Previous Financial Inst.  Backup Withh	olding Certifications			
(If not a "U.S. I	Person," certify foreign status separately.)			
TIN: 27-1858				
correct taxpayer	Number (TIN) - The number shown above is my ridentification number.			
either because I withholding as a or the internal R	nholding - I am not subject to backup withholding have not been notified that I am subject to backup a result of a failure to report all interest or dividends, levenue Service has notified me that I am no longer			•
subject to back	up withholding. Ipjents - I am an exempt recipient under the Internal			
Revenue Service	e Regulations.  negatives of periury the statements checked in			
this section and resident alien).	d that I am a U.S. person (including a U.S.			
x C	(Date)			

Signature Card-CO Bankers Systems \*\* Wolters Kluwer Financial Services ©2003, 2008 NPMP-LAZ-CO 5/2/2007

## PX3

## Agarwal Attachment E

Guaranty Bank and Trust Records

## CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

1. I, <u>karensett</u>, have personal knowledge of the facts set forth below and am competent to testify as follows:

- I have authority to certify the authenticity of the records produced by Guaranty Bank and
   Trust Company and attached hereto.
- 3. The documents produced and attached hereto by Guaranty Bank and Trust Company are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of Guaranty Bank and
    Trust Company; and
  - Were made by the regularly conducted activity as a regular practice of Guaranty
     Bank and Trust Company.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on March 15, 2017.

end document the ison related to the relation of swom to before me in the county of

Denver State of Colorado, this 15th

(official signature) seal, and commission expiration?

REGINA GREGORY
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID #20004031298

Signature

### ENDING BERKE DADIN KREBE BERKE BERKE BERKE BERKE BERKE BERKE BERKE BERKE BERKE BANDE BERKE BANDE BERKE BER

GUARANTY BANK	NUMBER 2896
AND TRUST COMPANY	_ CONDOR CANYON LLC
OWNERSHIP OF ACCOUNT - CONSUMER (Select One and Initial):  Single-Party Account Trust-Separate Agreement  Multiple-Party Account  Other	
RIGHTS AT DEATH (Select One And Initial):  Single-Party Account  Multiple-Party Account With Right of Survivorship  Multiple-Party Account Without Right of Survivorship	
☐ Single-Party Account With Pay On Death ☐ Multiple-Party Account With Right of Survivorship and Pay On Death PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:	This is your (check one): COMPLETELY FREE BUS CHKN  Permanent  Temporary account agreement.
	Number of signatures required for withdrawal  FACSIMILE SIGNATURE(S) ALLOWED? YES NO
	X
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE  SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION: FOR PROFIT NOT FOR PROFIT LLC - P BUSINESS: ONLINE ADVERSISING/TEETH WHITE COUNTY & STATE CHEYENNE, WY AUTHORIZATION: 2/25/2015	SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):  **Terms & Conditions   Truth in Savings   Funds Availability   Electronic Fund Transfers   Privacy   Substitute Checks
DATE OPENED 02/25/2015 BY B869ALM1 INITIAL DEPOSIT \$ .00	Common Features
☐ CASH ☐ CHECK ☐	(1):
HOME TELEPHONE # BUSINESS PHONE # 720-238-2418	BLAIR W MCNEA 1.D. # 1329 D.O.BO 100 100 100 100 100 100 100 100 100 10
DRIVER'S LICENSE #	
E-MAIL	(2): Very 755
MOTHER'S MAIDEN NAME	DANIELLE CAROLYN FOSS
Name and address of someone who will always know your location:	I.D. #8082D.o.B11984
	] [· ]
DACULD METHOD DIVING A TOTAL	(3): Lx
BACKUP WITHHOLDING CERTIFICATIONS TIN: 45-5071069	I.D. #
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN)	1.D. # D.O.B
is my correct taxpayer identification number.  M BACKUP WITHHOLDING - I am not subject to backup withholding either bacause I have not bean notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	(4): X
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	I.D. # D.O.B  AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:
× CONDOR CANYON LLC 3/3/15	(Select One and Initial):  Agency Designation Survives Disability or Incapacity of Parties  Agency Designation Terminates on Disability or Incapacity of Parties

Signature Card-CO Benkers Systems M Wolters Kluwer Financial Services © 1992, 2009

#### THE REPORT OF THE PARTY OF THE

# LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION GUARANTY BANK By: CONDOR CANYON LLC 2011 CHERRY ST #202 LOUISVILLE CO 80027 AND TRUST COMPANY 1 to in this document as "Financial Invited Party ST #202

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

	d ur	der the laws of WYOMING		lanager or Designated Me	er I.D. Number <u>45-</u> 5	, 6071069
his document are lesignated by the perating agreeme ppear in the minu	ner ont, o	nder the trade name of <u>CONDOR Co</u> orrect copy of the resolutions adopted obers of the Limited Liability Company fully and properly called and held on of this meeting and have not been resci sted below, subject to any written limit	l at a meeting of all m to manage the Limited inded or modified.	nembers of the Limited Lie d Liability Company as pro 2/25/2015	ability Company or the strictes (date	of organization or an te). These resolutions
	Na	me and Title or Position		Signature	Facsimile !	Signature (if used)
. BLAIR W M	CNE	EA-MANAGER	×		_ x	
DANIELLE (	CAF	OLYN FOSS-AUTH SIGNER	_ ×	15c	x	
,		·	x	. 🗸	_ x	
·		The second state of the second	x	****	_ x	**************************************
			x		_ x	
			x		x	
		Attach one or more Agents to each principles the number of Agent signatures			air name in the area	before each power.
dicate A, B, C, E, and/or F	Des	cription of Power				Indicate number of signatures required
В	(1)	Exercise all of the powers listed in this	s resolution.			1
	(2)	Open any deposit or share account(s)	in the name of the Lin	nited Liability Company.		
	(3)	Endorse checks and orders for the pay with this Financial Institution.	yment of money or oth	erwise withdraw or transf	er funds on deposit	
<del></del>	(4)	Borrow money on behalf and in the na promissory notes or other evidences of		oility Company, sign, exect	ute and deliver	
·	(5)	Endorse, assign, transfer, mortgage of bonds, real estate or other property no Company as security for sums borrow of all bills received, negotiated or disc protest and notice of non-payment.	ow owned or hereafter red, and to discount th	owned or acquired by the same, unconditionally gu	Limited Liability larantee payment	
	(6)	Enter into a written lease for the purpo Deposit Box in this Financial Institution		ning, accessing and termin	nating a Safe	
	(7)	Other				
FECT ON PREVIO ERTIFICATION OF urther certify the wer and lawful a	OUS F AU t the	Managers or Designated Members of rity to adopt the resolutions on page 2 cise the same. (Apply seal below where In Wit	ades resolution dated the Limited Liability Co and to confer the pove a appropriate.) tness Whereof, I have	. If not company have, and at the tivers granted above to the subscribed my name to the	ompleted, all resoluti me of adoption of th persons named who	ons remain in effect. is resolution had, full have full power and ixed the seal, if any,
		of the	Lingited Liability Comp	pany on	Approximation in the second	(date).
		Attest	by One Other Manage	<i>Y ∆ C</i> or or Designated Member	Manager or Besign	nated Member

Experis @ 1985, 1997 Bankers Systems, Inc., St. Cloud, MN Form LLC-1 5/1/2003

Agarwal Attachment E-3

#### Case 2:17-cv-02000-APG-GWF Document 8-3 Filed 07/24/17 Page 25 of 111

#### ATTER INTERPORT HELDER HELDER HELDER HELDER HELDER THEM FRANCE AND HELDER HELDE



As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

#### The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes,
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions," if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller mechines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

	FOR FINANCIAL INSTITUTION USE ONLY	
Acknowledged and received on	(date) by (initials)   This resolution is su	perseded by resolution dated
Comments:		•

#### A SENSIA DATA BERKA KATUR KATU

GUARANTY BANK	ACCOUNT NUMBER 2909
AND TRUST COMPANY  OWNERSHIP OF ACCOUNT - CONSUMER (Select One and Initial):	ACCOUNT OWNER(S) NAME & ADDRESS SANDSTONE BEACH, LLC 2011 CHERRY STREET #202 LOUISVILLE CO 80027
☐ Single-Party Account ☐ Trust-Separate Agreement ☐ Multiple-Party Account ☐ Cther ☐	LOGICVILLE GO GOOZI
RIGHTS AT DEATH (Select One And Initial):  Single-Party Account  Multiple-Party Account With Right of Survivorship  Multiple-Party Account Without Right of Survivorship	
Single-Party Account With Pay On Death  Multiple-Party Account With Right of Survivorship and Pay On Death  PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:	TYPE OF CHECKING SAVINGS  ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT  NOW
	This is your (check one): COMPLETELY FREE BUS CHRN  Permanent  Temporary account agreement.
	Number of signatures required for withdrawai 001  FACSIMILE SIGNATURE(S) ALLOWED? ☐ YES 🗷 NO
	_x
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE  SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION: FOR PROFIT NOT FOR PROFIT LLC -	SIGNATURE(S) - The undersigned certifles the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and expect to the following
BUSINESS: TEETH WHITENING COUNTY & STATE OF ORGANIZATION: PHOENIX, AZ AUTHORIZATION DATED: 2/25/2015	receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):  Terms & Conditions  Truth in Savings Funds Availability Electronic Fund Transfers  Privacy Substitute Checks Common Features
DATE OPENED 02/25/2015 BY B869ALM1 INITIAL DEPOSIT \$ .00  CASH CHECK C	(1): [X RYAN MCWILLIAMS ]
HOME TELEPHONE # BUSINESS PHONE # DRIVER'S LICENSE #	I.D. # 9528 D.O.B. 79
E-MAIL EMPLOYER MOTHER'S MAIDEN NAME	DANIELLE CAROLYN FOSS
Name and address of someone who will always know your location:	I.D. # 8082 D.O.B1984
BACKUP WITHHOLDING CERTIFICATIONS TIN: 45-5359919	(3): L <sub>X</sub>
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	1.D. # D.O.B
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the	I.D. #
Instructional 3/3/125	(Select One and Initial):  Agency Designation Survives Disability or Incapacity of Parties
SANDSTONE BEACH, LLC (Date)	Agency Designation Terminates on Disability or Incapacity of Parties

#### 3 1820/3 1831/1 1831/3

#### LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION



By: SANDSTONE BEACH, LLC - 2011 CHERRY STREET #202 LOUISVILLE CO 80027

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

appear in the m	ement, duly and properly called and held on ninutes of this meeting and have not been rescind Agent listed below, subject to any written limitat	ded or modified.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Name and Title or Position	Signat	ure Facsimile	Signature (if used)
	CWILLIAMS-MANAGER		x	
	E CAROLYN FOSS-AUTH SIGNER	. — (	Ж ×	
c	Parameter II Total	x	. ×	
			X	
	***************************************		X	
F		x	X	· · · · · · · · · · · · · · · · · · ·
•	power indicate the number of Agent signatures i C, Description of Power	required to exercise the power	i.)	Indicate number of signatures required
• •	(1) Exercise all of the powers listed in this r	resolution.		1
	(2) Open any deposit or share account(s) in	the name of the Limited Liabi	ility Company.	
<del></del>	(3) Endorse checks and orders for the payπ with this Financial Institution.	nent of money or otherwise w	ithdraw or transfer funds on deposit	
•	(4) Borrow money on behalf and in the nam promissory notes or other evidences of it		pany, sign, execute and deliver	
	(5) Endorse, assign, transfer, mortgage or p bonds, real estate or other property now Company as security for sums borrowed of all bills received, negotiated or discouprotest and notice of non-payment.	v owned or hereafter owned o d, and to discount the same, u	or acquired by the Limited Liability inconditionally guarantee payment	<u></u>
	(6) Enter into a written lease for the purpos Deposit Box in this Financial Institution.	e of renting, maintaining, acce	essing and terminating a Safe	
	(7) Other		· · · · · · · · · · · · · · · · · · ·	
.IMITATIONS O	ON POWERS The following are the Limited Liabili	ity Company's express limitati	ons on the powers granted under th	is resolution.
ERTIFICATION further certify a cower and lawfo	EVIOUS RESOLUTIONS This resolution superseding of AUTHORITY that the Managers or Designated Members of the ulauthority to adopt the resolutions on page 2 at the exercise the same. (Apply seal below where a	e Limited Liability Company ha	ave, and at the time of adoption of t	his resolution had, full
	In Milens	see Whareof I have subscribe	d my name to this document and a	ffixed the seal, if anv.
		imited Liability Company on _	a my name to ano accument and a	(date).

#### Case 2:17-cv-02000-APG-GWF Document 8-3 Filed 07/24/17 Page 28 of 111

#### A CENTRAL ENTRE CONTRACTOR

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

#### The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are heraby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

FOR FINANCIAL INSTITU	TION USE ONLY
Acknowledged and received on (date) by (initials)	☐ This resolution is superseded by resolution dated
Comments:	

#### THE TOTAL FOR THE COLUMN THE DIRECTION OF THE PART OF

GUARANTY BANK	ACCOUNT NUMBER 2917
OWNERSHIP OF ACCOUNT - CONSUMER (Select One and Initial):	ACCOUNT OWNER(S) NAME & ADDRESS ABSOLUTELY WORKING LLC 2011 CHERRY ST #202
Single-Party Account Trust-Separate Agreement Multiple-Party Account Other	LOUISVILLE CO 80027
RIGHTS AT DEATH (Select One And Initial):  Single-Party Account  Multiple-Party Account With Right of Survivorship	
Multiple-Party Account Without Right of Survivorship Single-Party Account With Pay On Death Multiple-Party Account With Right of Survivorship and Pay On Death PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:	NEW EXISTING TYPE OF CHECKING SAVINGS ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT NOW
	This is your (check one): COMPLETELY FREE BUS CHKN  Permanent  Temporary account agreement.  Number of signatures required for withdrawal 001
	FACSIMILE SIGNATURE(S) ALLOWED? YES NO
144	
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE  SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION: FOR PROFIT NOT FOR PROFIT BUSINESS: TEATH WHITENING SALES COUNTY & STATE COUNTY & STATE CORPORANIZATION: LAS VEGAS, NV	SIGNATURE(S) - The undersigned certifies the accuracy of the information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following agreement(s) and/or disclosure(s):  **Terms & Conditions** Truth in Savings **X** Funds Availability
AUTHORIZATION DATED: 2/25/2015	☐ Electronic Fund Transfers ☐ Privacy Ko Substitute Checks Ko Common Features ☐
DATE OPENED 02/25/2015 BY B869ALM1 INITIAL DEPOSIT \$ .00  □ CASH □ CHECK □ HOME TELEPHONE # BUSINESS PHONE # 720-238-2418	(1): MEGANINOSEL D.O.B. (980)
DRIVER'S LICENSE #	(2): [x (del for)
MOTHER'S MAIDEN NAME	DANIELLE CAROL YN FOSS I.D. # 8082 D.O.B. 1984
	(3):
BACKUP WITHHOLDING CERTIFICATIONS TIN: 27-5219317	I.D. # D.O.B
TAXPAYER LD. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	(4): [x
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).	I.D. # D.O.B AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:
ABSOLUTEEY WORKING LLC (Date).	(Select One and Initial):  Agency Designation Survives Disability or Incapacity of Parties  Agency Designation Terminates on Disability or Incapacity of Parties

Signature Card-CO Bankers Systems TM Wolters Kluwer Financial Services @ 1992, 2009

## **Guaranty Bank Authorization Letter**

Date: 3/07/2015

To Whom It May Concern:

I am writing this letter to confirm that Danielle Foss is authorized to be a signer on my business checking account with Guaranty Bank in the name of Absolutely Working, LLC. Danielle is also authorized to speak to the bank on my behalf.

Sincerely,

•

Absolutely Working, LLC

Agarwal Attachment E-9

#### CHERTA BROTH BROTH DRIVE CREAT BROTH

#### LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION



By: ABSOLUTELY WORKING LLC 2011 CHERRY ST #202 LOUISVILLE CO 80027

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

Company org engaged in b	anized u usiness u	nder the laws of <u>COLORADO</u> under the trade name of <u>ABSOLUTE</u>		, Federal Employer I.D. Number	
		correct copy of the resolutions adopte mbers of the Limited Liability Compan			
		duly and properly called and held on _			
• •		of this meeting and have not been res		Alexander and the second	16.1
AGENIS AN		listed below, subject to any written lin	· _		
		ame and Title or Position	A Signal	h X	mile Signature (if used)
		L-MANAGER	- X	7	***************************************
		ROLYN FOSS-AUTH SIGNER		<u>ис x</u>	
c				X	
D				x	
E	<del></del>		x	x	
F			x	x	· · · · · · · · · · · · · · · · · · ·
		Attach one or more Agents to each indicate the number of Agent signature.			area before each power
ndicate A, B D, E, and/or		scription of Pawer			Indicate number of signatures required
AB	(1)	Exercise all of the powers listed in the	his resolution.		1
···	(2)	Open any deposit or share account(s	s) in the name of the Limited Liab	ility Company.	
	(3)	Endorse checks and orders for the p with this Financial Institution.	ayment of money or otherwise w	ithdraw or transfer funds on dep	oosit
. <u></u>	·(4)	Borrow money on behalf and in the promissory notes or other evidences		pany, sign, execute and deliver	
	(5)	Endorse, assign, transfer, mortgage bonds, real estate or other property Company as security for sums borro of all bills received, negotiated or disprotest and notice of non-payment.	now owned or hereafter owned owned, and to discount the same, a	or acquired by the Limited Liabilit Inconditionally guarantee payme	γ
	(6)	Enter into a written lease for the pur Deposit Box in this Financial Instituti		essing and terminating a Safe	**************************************
	(7)	Other			
IMITATIONS	ON POV	VERS The following are the Limited Li	ability Company's express limitat	ions on the powers granted unde	 er this resolution.
ERTIFICATION further certification in the certifica	N OF AU y that the vful auth	RESOLUTIONS This resolution super JTHORITY e Managers or Designated Members o ority to adopt the resolutions on page roise the same. (Apply seal below whe	f the Limited Liability Company has 2 and to confer the powers gran	ave, and at the time of adoption	of this resolution had, ful
	-,		fitness Whereof, I have subscribe	d my name to this document ar	nd affixed the seal, if any
		of th	Limited Liability Company on _	- A - X	(data)

(page 1 of 2)

#### Case 2:17-cv-02000-APG-GWF Document 8-3 Filed 07/24/17 Page 32 of 111

#### 

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

#### The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
- (7) The Limited Liability Company acknowledges and agrees that the Financial Institution may rely on alternative signature and verification codes issued to or obtained from the Agent named on this resolution. The term "alternative signature and verification codes" includes, but is not limited to, facsimile signatures on file with the Financial Institution, personal identification numbers (PIN), and digital signatures. If a facsimile signature specimen has been provided on this resolution, (or that are filed separately by the Limited Liability Company with the Financial Institution from time to time) the Financial Institution is authorized to treat the facsimile signature as the signature of the Agent(s) regardless of by whom or by what means the facsimile signature may have been affixed so long as it resembles the facsimile signature specimen on file. The Limited Liability Company authorizes each Agent to have custody of the Limited Liability Company's private key used to create a digital signature and to request issuance of a certificate listing the corresponding public key. The Financial Institution shall have no responsibility or liability for unauthorized use of alternative signature and verification codes unless otherwise agreed in writing.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

	FOR FINANCIA	L INSTITU	TIO	N USE ONLY
Acknowledged and received on	(date) by	(initials)		This resolution is superseded by resolution dated
Comments:				

#### AND RECORD TO STATE COLOR TRANSPORT COLOR TRANSPORT COLOR TO THE PART OF THE P

GUARANTY BANK	NUMBER 2925
AND TRUST COMPANY	ACCOUNT OWNER(S) NAME & ADDRESS THREE LAKES LLC 2011 CHERRY ST #202
OWNERSHIP OF ACCOUNT - CONSUMER (Select One and Initial):  Single-Party Account Trust-Separate Agreement  Multiple-Party Account	LOUISVILLE CO 80027
Other	
RIGHTS AT DEATH (Select One And Initial):  Single-Party Account  Multiple-Party Account With Right of Survivorship	·
☐ Multiple-Party Account Without Right of Survivorship	M NEW ☐ EXISTING
Single-Party Account With Pay On Death  Multiple-Party Account With Right of Survivorship and Pay On Death PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:	TYPE OF M CHECKING SAVINGS  ACCOUNT MONEY MARKET CERTIFICATE OF DEPOSIT
PAY-ÖN-DEÄTH BENEFICIARIES: To Add Pay-On-Death Beneficiaries Name One or More:	☐ NOW This is your (check one): COMPLETELY FREE BUS CHKN  Permanent ☐ Temporary account agreement.
	Number of signatures required for withdrawal 001
	FACSIMILE SIGNATURE(S) ALLOWED? YES NO
	[x
OWNERSHIP OF ACCOUNT - BUSINESS PURPOSE	SIGNATURE(S) - The undersigned certifies the accuracy of the
SOLE PROPRIETORSHIP PARTNERSHIP	information he/she has provided and acknowledges receipt of a completed copy of this form. The undersigned authorizes the financial institution to verify credit and employment history and/or
CORPORATION: Grow Profit Not for Profit LLC - P	niancial institution to verify credit and employment history and/or have a credit reporting agency prepare a credit report on the undersigned, as individuals. The undersigned also acknowledge the receipt of a copy and agree to the terms of the following
BUSINESS: ONLINE SALES/TEETH WHITENING COUNTY & STATE OF ORGANIZATION: RENO, NEVADA	agreement(s) and/or disclosure(s):
AUTHORIZATION DATED: 2/25/2015	
	Common Features
DATE OPENED 02/25/2015 BY B869ALM1	г <i>. Л. Л</i>
INITIAL DEPOSIT \$ .00	(1): Www lan
HOME TELEPHONE #	CHRIS S POOLE
BUSINESS PHONE # 720-238-2418	I.D. # 4389 D.O.B. 1989
DRIVER'S LICENSE #	r 6 0 1
	(2): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
EMPLOYER	DANIELLE CAROLYN FOSS
MOTHER'S MAIDEN NAME  Name and address of someone who will always know your location:	i.D. #80821984
	F -
	(3):
BACKUP WITHHOLDING CERTIFICATIONS	
TIN: 38-3934817	I.D. # D.O.B.
TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN)	Г 7
is my correct texpayer identification number.  BACKUP WITHHOLDING - I am not subject to backup withholding either bacause I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.	(4): <sub>X</sub>
EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue	I.D. #
Service Regulations.  SIGNATURE: I certify under penalties of perjury the statements checked in this section and that year a U.S. citizen or other U.S. person (as defined in the	AGENCY (POWER OF ATTORNEY) DESIGNATION (Optional): To Add Agency Designation To Account, Name One or More Agents:
instructions!.	(Select One and Initial):
X THOSE INVESTIG	Agency Designation Survives Disability or Incapacity of Parties
	I ADMIN'S LIGHTED LARMINGTON A Literality of Inconceity of Portice

#### S DOTTE DEBIG TOTAL TO

#### LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

GUARANTY BANK AND TRUST COMPANY

By: THREE LAKES LLC 2011 CHERRY ST #202 LOUISVILLE CO 80027

Referred to in this document as "Financial Institution"

Referred to in this document as "Limited Liability Company"

this document designated by operating agree appear in the n	are a o the me ement, ninutes	nder the trade name of THREE LAKES correct copy of the resolutions adopted at mbers of the Limited Liability Company to duly and properly called and held on of this meeting and have not been rescinded.	a meeting of all member manage the Limited Liabil 2/2: add or modified.	s of the Limited Liability Com ity Company as provided in th 5/2015	ne articles of organization or an (date). These resolutions
AGENTS ANY		isted below, subject to any written limitation The and Title or Position		1	icated below: Facsimile Signature (if used)
A. CHRIS'S	POOI	E-MANAGER	x Ober	My x_	
в. <u>DANIELL</u>	E CA	ROLYN FOSS-AUTH SIGNER	x Col	1/2/ x_	
с		<u> </u>	_ ×	x	
D			_ x		
E			x	x	
F			X :	x	
Following each Indicate A, B, (	power	Attach one or more Agents to each pow- indicate the number of Agent signatures re scription of Power			Indicate number of
D, E, and/or F AB	(1)	Exercise all of the powers listed in this re	eclution		signatures required 1
<del></del>	_ '''	Exercise an of the bowers listed in this le	solution.		<del></del>
	(2)	Open any deposit or share account(s) in t	the name of the Limited Li	ability Company.	
· · · · · · · · · · · · · · · · · · ·	(3)	Endorse checks and orders for the payme with this Financial Institution.	ent of money or otherwise	withdraw or transfer funds or	deposit
	(4)	Borrow money on behalf and in the name promissory notes or other evidences of in		ompany, sign, execute and del	
	(5)	Endorse, assign, transfer, mortgage or ple bonds, real estate or other property now Company as security for sums borrowed, of all bills received, negotiated or discoun protest and notice of non-payment.	owned or hereafter owner and to discount the same	d or acquired by the Limited Li , unconditionally guarantee pa	ability lyment
	(6)	Enter into a written lease for the purpose Deposit Box in this Financial Institution.	of renting, maintaining, a	ccessing and terminating a Sat	fe
	(7)	Other			
EFFECT ON PRE CERTIFICATION I further certify	VIOUS OF AU	TERS The following are the Limited Liability RESOLUTIONS This resolution superseder THORITY Managers or Designated Members of the prity to adopt the resolutions on page 2 an	s resolution dated	. If not completed, a	all resolutions remain in effect.

#### Case 2:17-cv-02000-APG-GWF Document 8-3 Filed 07/24/17 Page 35 of 111

#### 1 (CONTROL OF CONTROL 


As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they have provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

#### The Limited Liability Company named on this resolution resolves that,

- (1) The Financial Institution is designated as a depository for the funds of the Limited Liability Company and to provide other financial accommodations indicated in this resolution.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by the Financial Institution. Any and all prior resolutions adopted by the Managers or Designated Members of the Limited Liability Company and certified to the Financial Institution as governing the operation of this Limited Liability Company's account(s), are in full force and effect, until the Financial Institution receives and acknowledges an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of a resolution must be accompanied by documentation, satisfactory to the Financial Institution, establishing the authority for the changes.
- (3) The signature of an Agent on this resolution is conclusive evidence of their authority to act on behalf of the Limited Liability Company. Any Agent, so long as they act in a representative capacity as an Agent of the Limited Liability Company, is authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated on page one, from time to time with the Financial Institution, subject to any restrictions on this resolution or otherwise agreed to in writing.
- (4) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of the Limited Liability Company with the Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (5) The Limited Liability Company agrees to the terms and conditions of any account agreement, properly opened by any Agent of the Limited Liability Company. The Limited Liability Company authorizes the Financial Institution, at any time, to charge the Limited Liability Company for all checks, drafts, or other orders, for the payment of money, that are drawn on the Financial Institution, so long as they contain the required number of signatures for this purpose.
- (6) The Limited Liability Company acknowledges and agrees that the Financial Institution may furnish at its discretion automated access devices to Agents of the Limited Liability Company to facilitate those powers authorized by this resolution or other resolutions in effect at the time of issuance. The term "automated access device" includes, but is not limited to, credit cards, automated teller machines (ATM), and debit cards.
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	FOR FINANCIA	AL INSTITUTIO	ON USE ONLY		
Acknowledged and received on	(date) by	_ (initials) 🛚	This resolution is superseded	by resolution dated	
Comments:					

et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

)	GUARANTY BANK AND TRUST COMPANY
	OWNERSHIP OF ACCOUNT - CONSUMER (Select One and Initial  Single-Party Account Trust-Separate Agreement

Multiple-Party Account Trust-Separate Agr	
Other	
RIGHTS AT DEATH (Select One And Initial Single-Party Account Multiple-Party Account With Right of Survivorship Multiple-Party Account Without Right of Survivorship Single-Party Account With Pay On Death Multiple-Party Account With Right of Survivorship and Pay On Death PAY-ON-DEATH BENEFICIARIES: To Add Pay-On-Death Beneficiaries N	

OWNERSHIP OF	ACCOUNT - BUSINESS PURPOSE
☐ SOLE PROPRIETORSHIP	P  PARTNERSHIP
☐ CORPORATION: □	FOR PROFIT
XI LLC - S	
BUSINESS: INTERNET	MARKETING
COUNTY & STATE ADA	MS. COLORADO
AUTHORIZATION DATED:	40/00/004 4

		BY B869ALM1
INITIAL DEPOSIT	50.00	
☐ CASH	🛚 СНЕСК 🗆	
HOME TELEPHONE	# <b>720-238-2418</b>	
BUSINESS PHONE	<sub>#</sub> 720-238-2418	
E-MAIL		
EMPLOYER		
MOTHER'S MAIDE	N NAME	
Name and address	of someone who will a	always know your location:

BACKUP	WITHHOLDING	CERTIFICATIONS

TIN: 27-3359961

**X** TAXPAYER I.D. NUMBER - The Taxpayer Identification Number shown above (TIN) is my correct taxpayer identification number.

M BACKUP WITHHOLDING I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

 $\hfill \Box$  EXEMPT RECIPIENTS - I am an exempt recipient under the Internal Revenue Service Regulations .

SIGNATURE: I certify under penalties of perjury the statements checked in this section and that I am a U.S. citizen or other U.S. person (as defined in the instructions).

X Dafr	
MINT HOUSE LLC	(Date)

NUMBER	3290
ACCOUNT OWN	NER(S) NAME & ADDRESS SE LLC
2011 CHER SUITE 202	RY ST
LOUISVILLE	E CO 80027
1 .	NEW   EXISTING
TYPE OF X	CHECKING SAVINGS MONEY MARKET CERTIFICATE OF DEPOSIT
This is your (	NOW Check one): COMPLETELY FREE BUS CHKN
X Perma	
	atures required for withdrawal 001  ATURE(S) ALLOWED?   YES   NO
	]
SIGNATURE(S)	- The undersigned certifies the accuracy of the
financial institu- have a credit undersigned, a receipt of a agreement(s) a	by of this form. The undersigned authorizes the rition to verify credit and employment history and/or reporting agency prepare a credit report on the sindividuals. The undersigned also acknowledge the copy and agree to the terms of the following and/or disclosure(s):
	Fund Transfers  Privacy  Substitute Checks
	Fund Transfers  Privacy Substitute Checks
Electronic F Common F (1):   Electronic F Common F DAN	Fund Transfers Privacy Substitute Checks eatures   12/2/2014 10:33:02  IELLE CAROLYN FOSS
Electronic F	Fund Transfers Privacy Substitute Checks eatures   12/2/2014 10:33:02
Electronic F Common F (1):   Electronic F Common F DAN	Fund Transfers Privacy Substitute Checks eatures   12/2/2014 10:33:02  IELLE CAROLYN FOSS
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Electronic F Common Fo DAN I.D. #  I.D. #  I.D. #  I.D. #  I.D. #  I.D. #  I.D. #	Fund Transfers Privacy Substitute Checks eatures     Privacy Substitute Checks
Electronic F Common Fo DAN I.D. #  I.D. #  I.D. #  I.D. #  I.D. #  I.D. #  I.D. #	Fund Transfers Privacy Substitute Checks eatures
(1):	Fund Transfers Privacy Substitute Checks eatures     Privacy Substitute Checks
Electronic F Common F DAN I.D. #  (2):   X I.D. #  (4):   X AGENCY (POW Agency Design  (Select One and	Privacy Substitute Checks eatures

#### LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION



By: MINT HOUSE LLC 2011 CHERRY ST **SUITE 202 LOUISVILLE CO 80027** 

I, DANIELLE CA	ARC	DLYN FOSS			
Company organize engaged in busines	d und ss un	der the laws of <u>COLORADO</u> der the trade name of <u>MINT HOU</u>	SE LLC	, Federal Employer I.D. Number	
this document are	a co	orrect copy of the resolutions adopte	ed at a meeting of all membe		
		bers of the Limited Liability Company			
		uly and properly called and held on _ If this meeting and have not been res		JZ/ZU 14	_ (date). These resolutions
• •		sted below, subject to any written lim	•	cise the powers granted as indicat	ed below:
	Na	me and Title or Position	Siç	nature Fac	simile Signature (if used)
A. DANIELLE	CAR	OLYN FOSS-MANAGER	x OUL	x	
				x	
				x	_
				x	
			·	x	
		Attach one or more Agents to each ndicate the number of Agent signatur			e area before each power.
dicate A, B, C, , E, and/or F	Des	cription of Power			Indicate number of signatures required
<u>A</u>	(1)	Exercise all of the powers listed in the	his resolution.		1
	121	Open any deposit or share account(s	s) in the name of the Limited I	iahility Company	
	127	Open any deposit of share accounts	s, in the name of the Limited L	Hability Company.	
	(3)	Endorse checks and orders for the p with this Financial Institution.	ayment of money or otherwis	e withdraw or transfer funds on de	eposit
	(4)	Borrow money on behalf and in the promissory notes or other evidences		Company, sign, execute and delive	<u> </u>
	(5)	Endorse, assign, transfer, mortgage bonds, real estate or other property Company as security for sums borro of all bills received, negotiated or dis protest and notice of non-payment.	now owned or hereafter owne wed, and to discount the sam	ed or acquired by the Limited Liabi e, unconditionally guarantee paym	lity
	(6)	Enter into a written lease for the pur Deposit Box in this Financial Instituti		accessing and terminating a Safe	
	<b>(7)</b>	Other			
LIBRITATIONS ON	BOM	EDC. The fellowing are the Limited Li	inhilian Commonulo avenue line		
LIMITATIONS ON	PUVV	ERS The following are the Limited Li	lability Company's express lim	intations on the powers granted un	der this resolution.
FEFFOT ON BOEN	0110	DECOLUTIONS This conclusion was		Maria a a constant all all	
CERTIFICATION O		RESOLUTIONS This resolution super THORITY	rsedes resolution dated	It not completed, all l	resolutions remain in errect.
power and lawful a	autho	Managers or Designated Members or ority to adopt the resolutions on page cise the same. (Apply seal below who	2 and to confer the powers of		
		• • •	• • •	cribed my name to this document	and affixed the seal, if any,
		of ti	he Limited Liability Company	on	(date).
				<i>∀ 1 1 1 0 − 1</i>	

# Case 2:17-cv-02000-APG-GWF Document 8-3 Filed 07/24/17 Page 38 of 111

As used in this resolution, the term "Manager" means the person or persons designated by the members of the Limited Liability Company in a manager-managed Limited Liability Company to manage the Limited Liability Company as provided in the articles of organization or an operating agreement. The term "Designated Member" means the member or members of the Limited Liability Company authorized to act on behalf of the Limited Liability Company in a member-managed Limited Liability Company. By signing this resolution, Manager or Designated Member represent that they we provided the Financial Institution with true and complete copies of the articles of organization and operating agreements of the Limited Liability Company as amended to the date of this resolution.

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	FOR FINANCIAL INSTITUTION USE ONLY	
Acknowledged and received on	(date) by (initials)   This resolution is superseded by resolution dated	
Comments:		

# PX3 Agarwal Attachment F TCF Bank Records

# CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

1.	1, Vonessattalty	, have personal knowledge of the facts set forth below
	and am competent to testify a	as follows:

- 2. I have authority to certify the authenticity of the records produced by TCF National Bank and attached hereto.
- 3. The documents produced and attached hereto by TCF National Bank are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of TCF National

    Bank; and
  - c) Were made by the regularly conducted activity as a regular practice of TCF

    National Bank.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on <u>Sept. 19</u>, 2016.

Vana Sattary Signature



Address

ID Type

ID Number

# Business Account Application and Agreer Checking Accounts and Savings Accounts with Check Access

Sold By:	51545	21-15
Opened:B		
OS # (WI )	Circle o	ווייייייייייייייייייייייייייייייייייייי
Opt. in car	d L Opt/r	thecks
TCHG *	Quality *	PSDS

•		Check Acce	ess			TCHG	* ດ	uality	DSD:
	renience bank."								
ACCOUN	T NUMBER (the "Account")		ACCOU	NT/PRODUCT TY	PE			·····	
	5267		1195	TCF SMALL	BUSINESS	CHECKING			
DATE	SALE	SPERSON				FFICER#			
12/20/	/2013								
OWNERS	SHIP TYPE	<del></del>			<del></del>				
O Partine		ole Proprietor(s)			3 Public Unit	☐ Corporation	n		
		usiness-Related Trust	☐ Non-Profit	Organization C	RE Broker Tru	st D Pension/Pr	ofil Shari	ng	
	S NAME ("Customer")	-		-	<del>*************************************</del>			·	
	ARDWHITE LLC				COF	RPORATION			
	S ADDRESS (No PO Box - see	Statement Mailing Ad	ldress below)				·		
6260 t	LOOKOUT RD								
ļ									
CITY/STA	TE				1	ZIP CODE			
BOUL	DER CO				- [	80030			
BUSINES	S TELEPHONE		FEC	ERAL ID NUMBE	RISOCIAL SE	CURITY NUMBE	R		<del></del>
(303)	503-2077			5-4890928			- •		
BUILDING	S, SUITE, ROOM, FLOOR NO.	D.B.A.			ATTA	N, C/O			
						•			
If the State	ment Mailing Address is differer	i from the above add-			······································				
ATTN. C/C		ADDRE		Anpiete Delow.				·· · · · · · · · · · · · · · · · · · ·	
	•	ADDRE	.33						
BUILDING	, SUITE, ROOM, FLOOR NO.	CITY			· · · · · · · · · · · · · · · · · · ·				
	, 0011L, 100111, 1 L001(110.	GIT		3	STATE		ZIP CO	ODE	
lf this is a p	pension or profit sharing plan, th	e entire beneficial inte	rest D is Di	is not held by nati	ural persons.				
Card	1. Authorized Signer Name (	Title)			Date of Birti		lensiel	C	******
*3400	DANICA LYNN ROBL	•				174	Social	Security #	
Address				City/State	13		1	5483	
				FIRESTONE	<u>.</u>			Zip Coo	
ID Type	ID Number	lin c	/ ID Country	FIRESTONE	<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>	co	8050	
D	1905	CO	i i io Country			Issue Date		Expiration O	
	1303		<u> </u>			10/23/2012		10/13/201	17
Card	2 Authorized Sings Name C	20.3							
	2. Authorized Signer Name (	•			Date of Birth	-	Social	Security #	
*3418	BLAIR WILLIAM MCN	IEA			19	62		1329	
Address				City/State				Zip Cod	e
				BOULDER			CO	8030	1
ID Type	ID Number		/ ID Country			Issue Date	Ī	Expiration Da	ate
D	9236	CO				03/16/2011		06/30/201	6
Card	3. Authorized Signer Name (1	ītle)			Date of Birth		Social	Security #	
					I			<del>.</del>	

City/State

ID State / ID Country

Page 1 of 5

Issue Date

Zip Code

**Expiration Date** 

Account	Number (the "Account")	5267					
Card	4. Authorized Signer Name (Title)		····	Date of Birth	1	Social	Security #
Address			City/State			<u> </u>	Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date
Card	5. Authorized Signer Name (Title)			Date of Birth		Social	Security #
Address			City/State			l	Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>		issue Date		Expiration Date
Card	6. Authorized Signer Name (Title)			Date of Birth		Social	Security #
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country			issue Date		Expiration Date

#### **DEFINITIONS**

- "Account" means the checking or savings account(s) listed above.
- "Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.
- "Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.
- "Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.
- "Available Balance" has the meaning defined in TCF's Terms and Conditions for Checking and Savings Accounts.
- "TCF," "TCF Bank," "we," "us," and "our" mean: TCFe National Bank. We are owned by TCF Financial Corporation.
- "You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

#### YOUR ACCOUNT

You are the tegal owner of the Account, which exists as soon as you make a deposit to it, TCF does not have to allow any withdrawals or transfers from the Account until: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your Account.

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

Account Number (the "Account")
FAIR CREDIT REPORTING ACT AND SHARING OF INFORMATION ACKNOWLEDGEMENT
In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.
You agree to give TCF current information about you and your financial situation when you apply for an account with TCF (or an account for which you are an Authorized Signer) and whenever TCF asks for this information while you have a business relationship with TCF. You state and agree that all information you give or will give to TCF is true, correct, and complete.
You also give TCF permission to get credit reports (including credit scores, such as FICO scores) and other kinds of financial and personal information about you from credit reporting agencies and other third parties. TCF may get this information when you apply for an account with TCF (or an account for which you are an Authorized Signer) and at any time while you have a business relationship with TCF.
You give TCF permission to investigate and use in our banking business the information described in this section, such as when we: (1) decide whether to open an account for you or at your request (or an account for which you are an Authorized Signer); (2) review your Account or collect money you owe us on your Account (or an account for which you are an Authorized Signer); (3) assign to your Account a code that we use, along with other information, to determine whether to pay your checks or other transactions; (4) assign your Account to a category that we use to determine whether to make certain deposits available to you sooner than would otherwise be required by your Account Contract; or (5) have other legitimate business reasons to investigate and use the information.
You give TCF permission to share or otherwise disclose the information described in this section, and other information about you and your transactions with us, with our Affiliates, You also give our Affiliates permission to use this information to determine whether to offer you other products and services or for other legitimate business purposes. You also give TCF permission to exchange or otherwise disclose this information with other financial institutions, law enforcement agencies, third party service providers, and other third parties that are not Affiliates. Our reasons for doing so may include, but are not limited to.  (1) enabling TCF to conduct our business; (2) protecting ourselves against fraud or other financial loss; (3) offering various products and services directly or through a third party; and (4) answering questions about TCF's credit experience with you.
See the TCF Privacy Policy for more information about TCFs use of information obtained in connection with products or services used for personal, family, and household purposes.  1. Initial
OVERDRAFT FEE ACKNOWLEDGEMENT
TCF charges an overdraft fee of \$37 per paid item. We do not charge an overdraft fee for paid items under \$1. If your account is overdrawn by \$5 or less at the end of the processing for the day, TCF does not charge an overdraft fee on the last item if paid by us. TCF also charges \$37 for each item we return without paying. We charge the returned item fee regardless of the amount of the item or your account balance. There is a combined limit of 5 overdraft and returned item fees per day. An "item" includes checks, ATM or debit card transactions, in-person withdrawals, ACH or other electronic transactions, or other debits.
TCF's current practice is to process transactions for each Business Day generally as follows: (1) We process deposits you make before the cutoff time for the day before we process withdrawals. (2) We process certain priority withdrawals (such as wire transfers, electronic bill payments, teller withdrawals, and checks you write that are deposited into a TCF account or cashed in a TCF branch) before others. We process these transactions in groups in order of highest-to-howest amount of the transaction within each group. (3) We generally process Card withdrawals in chronological order based on the date and time associated with the transaction. We process these transactions before checks and automated (ACH) withdrawals. (4) We generally process checks in check number order from lowest-to-highest. We process these transactions before automated (ACH) withdrawals. (5) We process automated (ACH) withdrawals in random order. Please note that transactions may not be processed in the order in which they occurred. The way that TCF processes transactions may result in more overdraft and returned item fees than if we processed transactions in a different way. See TCF's Terms and Conditions for Checking and Savings Accounts for more information on the way TCF processes transactions for your Account.
1. Initial 2. Initial 3. Initial 5. Initial 6. Initial
Please Note: You should avoid overdrafts. You can contact TCF Customer Service at 1-800-TCF-BANK (823-2265) or use TCF Online Banking (tafbank.com to check your balance and recent transactions posted to your account. Sign up for TCF Online Banking to get email and text alerts to notify you when your account balance at the end of the previous business day falls below 50 or another amount you specify. For small business accounts, ask us about our saving transfer product, or see if you qualify for our overdraft line of credit. These may cost less than overdraft fees.
ARBITRATION AGREEMENT ACKNOWLEDGEMENT

Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or count trial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms and Conditions for Certificates (for equificates of deposit) for more information.

1. Initial	
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Account	Number	íthe	"Account"
~~~~	HAMILIAGE		Undagnie

526	7
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#### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "1," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)
Under penalties of perjury, I certify on behalf of the Account owner that:

- The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. Person:

Date

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien;
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### **ACKNOWLEDGEMENT**

The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement, (2) TCF's Terms and Conditions for Checking and Savings Accounts; (3) TCF's Deposit Account Services and Prices Schedule, (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you, are part of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You only be used for business TCF Business Check Card and/or a TCF ATM Card for the Account indicated above. You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act

	Λ				
	A A A	UTHORIZED SIGNATURES	(510	GNATURE VERIFICATION)	
1	Miliary Cole III	Challer	4.	Authorized Signer	Title
$\leq$	Aufborized Signer	Title	5.	Authorized Signer	Title
3.	Authorized Signer	Title	6.	Authorized Signer	Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.



# Business Account Application and Agreeme Checking Accounts and Savings Accounts with Check Access

Sold By The Tip Do Dened By: Teller Discharge OS / WI / ES (circle one) Opt in Cord Opt in checks TCHG Quality DSDS
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your conven				1.22.					
	NUMBER (the "Accoun	וון			/PRODUCT				
	5268			1195 1	CF SMALL	BUSINESS			
DATE 12/20/20	1	SALESPERSON					OFFICER#		
OWNERSHI	· · · · <del>-</del>							·····	
O Partnersi  C Limited L	tip iability Parmership (LLP)	☐ Sole Proprietor(s ☐ Business-Relater		imited Liabili Ion-Profit On	ity Co. (LLC) ganization	Public Unit  RE Broker Tr	☐ Corporation ust ☐ Pension/Pro	fit Sharin	9
1	NAME ("Customer") I PRO WHITE LLC					СО	RPORATION		
BUSINESS	ADDRESS (No PO Box	x - see Statement Ma	ailing Address	s below)				<del>-</del>	
6260 LC	OOKOUT RD								
CITY/STATE							ZIP CODE		
BOULD							80301		
<b>BUSINESS</b>	TELEPHONE		· · · · · · · · · · · · · · · · · · ·	FEDE	RAL ID NUM	BER/SOCIAL S	ECURITY NUMBER	₹	
(303) 50	3-2077			90-	-0870007				
BUILDING,	SUITE, ROOM, FLOOP	R NO. 0.8	J.A.	1		ATT	N, C/O	•	•
If the Statem	ent Mailing Address is	different from the abo	ove address.	olease con	nolele below.			·····	
ATTN. C/O			ADDRESS		*				
BUILDING,	SUITE, ROOM, FLOOP	R NO. CITY				STATE		ZIP CC	DDE
L		<del></del>				· · · · · · · · · · · · · · · · · · ·			
If this is a pe	nsion or profit sharing (	plan, the entire benef	ficial interest		not held by	natural persons.	•		
Card	1. Authorized Signer !	Name (Title)				Date of Bi	th	Social	Security #
*3434	DANICA LYNN	ROBLES				1	974		5483
Address					City/State				Zip Code
					FIRESTO	NE		СО	80504
ID Type	ID Number		ID State / ID	Country			Issue Date		Expiration Date
0	1905		со				10/23/2012		10/13/2017
Card	2. Authorized Signer I	Name (Title)			<del></del>	Date of Bi	rth	Social	Security #
*3442	BLAIR WILLIAM	• •					962		1329
Address					City/State		<del></del>		Zip Code
_		<del></del>			BOULDE	R		CO	80301
ID Type	iD Number		ID State / ID	Country			Issue Date		Expiration Date
D	9236		co				03/16/2011		06/30/2016
Card	3. Authorized Signer I	Name (Title)				Date of Bi	rth .	Social	Security #
July	a. mulionizad original								
Address					City/State				Zip Code
ID Type	ID Number		ID State / ID	Country			Issue Date		Expiration Date

Card	4. Authorized Signer Name (Title)		Date of Bir			Social	Security #
		•					COOSINJ #
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country	1	**************************************	Issue Dale		Expiration Date
Card	5. Authorized Signer Name (Title)			Date of Birth		Social	Security #
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date
Card	6. Authorized Signer Name (Title)			Date of Birth		Social	Security#
Address			City/State				Zip Code
D Type	ID Number	ID State / ID Country	1		Issue Date	Ti	Expiration Date

#### DEFINITIONS

#### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account until: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your Account.

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

<sup>&</sup>quot;Account" means the checking or savings account(s) listed above.

<sup>&</sup>quot;Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.

<sup>&</sup>quot;Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.

<sup>&</sup>quot;Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.

<sup>&</sup>quot;Available Balance" has the meaning defined in TCF's Terms and Conditions for Checking and Savings Accounts.

<sup>&</sup>quot;TCF," "TCF Bank," "we," "us," and "our" mean TCF@ National Bank. We are owned by TCF Financial Corporation.

<sup>&</sup>quot;You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

### FAIR CREDIT REPORTING ACT AND SHARING OF INFORMATION ACKNOWLEDGEMENT

in this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree to give TCF current information about you and your financial situation when you apply for an account with TCF (or an account for which you are an Authorized Signer) and whenever TCF asks for this information while you have a business relationship with TCF. You state and agree that all information you give or will give to TCF is true, correct, and complete.

You also give TCF permission to get credit reports (including credit scores, such as FICO scores) and other kinds of financial and personal information about you from credit reporting agencies and other third parties. TCF may get this information when you apply for an account with TCF (or an account for which you are an Authorized Signer) and at any time while you have a business relationship with TCF.

You give TCF permission to investigate and use in our banking business the information described in this section, such as when we: (1) decide whether to open an account for you or at your request (or an account for which you are an Authorized Signer); (2) review your Account or collect money you owe us on your Account (or an account for which you are an Authorized Signer); (3) assign to your Account a code that we use, along with other inf

determine whether to pay your checks or other transactions; (4 available to you sooner than would otherwise be required by you information.	4) assign your Account to a catego our Account Contract; or (5) have	ory that we use to determine other legitimate business	ne whether to make certain deposits reasons to investigate and use the
You give TCF permission to share or otherwise disclose the int with us, with our Affiliates. You also give our Affiliates permission other legitimate business purposes. You also give TCF permission enforcement agencies, third party service providers, and other (1) enabling TCF to conduct our business; (2) protecting oursel through a third party; and (4) answering questions about TCF's	on to use this information to deten sion to exchange or otherwise dis- third parties that are not Affiliates. Ives against fraud or other financi s credit experience with you.	mine whether to offer you close this information with . Our reasons for doing so al loss; (3) offering various	other products and services or for other financial institutions, law may include, but are not limited to: products and services directly or
See the TCF Privacy Policy for more information about TCF's and household purposes.	use of information obtained in con	nection with products or s	ervices used for personal, family,
1. Initial	4. Initial	5. Initial	6. Initial
OVER	DRAFT FEE ACKNOWLEDGE	EMENT	
TCF charges an overdraft fee of \$37 per paid item. We do not of at the end of the processing for the day, TCF does not charge a without paying. We charge the returned item fee regardless of returned item fees per day. An "item" includes checks, ATM or of debits.	an overdran tee on the last item if the amount of the item or your ac-	paid by us. TCF also char	ges \$37 for each item we return
TCF's current practice is to process transactions for each Busin the day before we process withdrawals. (2) We process certain and checks you write that are deposited into a TCF account or highest-to-lowest amount of the transaction within each group, associated with the transaction. We process these transactions number order from lowest-to-lighest. We process these transaction order. Please note that transactions may not be process in more overdraft and returned item fees than if we processed to accounts for more information on the way TCF processes transactions.	i priomy withdrawals (such as wire cashed in a TCF branch) before of (3) We generally process Card wit is before checks and automated (ACH) with seed in the order in which they occurrens attents in a different way. So	e transfers, electronic bill p whers. We process these t thdrawals in chronological CH) withdrawals. (4) We tihdrawals. (5) We process	ayments, teller withdrawals, ransactions in groups in order of order based on the date and time generally process checks in check a automated (ACH) withdrawals in
1. Initial 2. Initial 3 Initial	4. Initial	5. Initial	6. Initial
Please Note: You should avoid overdrafts. You can contact TCI to check your balance and recent transactions posted to your a account balance at the end of the previous business day falls be transfer product, or see if you qualify for our overdraft line of cre	F Customer Service at 1-800-TCF account, Sign up for TCF Online 8:	-BANK (823-2265) or use anking to get email and te	TCF Online Banking (Icfbank.com)
ARBITRATIC	ON AGREEMENT ACKNOWL	EDGEMENT	
Your Account Contract includes an arbitration agreement. If ther then either you or TCF may require the dispute to be resolved to a jury or court trial to resolve the dispute, or (2) the right to p giving written notice to TCF within 30 days after the date of section called "Arbitration of Disputes" in TCFs Terms and Control Conditions for Certificates (for certificates of deposit) for more in	ry arouration in front of an arourali ursue a claim as a class action. Ye I this Agreement following the p clitions for Checking and Savings	or. This means that you are ou have the right to reject	d TCF will not have: (1) the right the arbitration agreement by
1. Initial	4 Initial	5. Initial	6. Initial

1. Initial2. Initial	4 Initial5. Initial6. Initial	
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	5268

#### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)
Under penalties of perjury, I certify on behalf of the Account owner that:

- 1. The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. Person:

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien:
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- · A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### **ACKNOWLEDGEMENT**

The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts; (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you, are part of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You confirm that you are requesting a TCF Business Check Card and/or a TCF ATM Card for the Account indicated above. You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act

( A	^ .	(SIGNATURE VERIFICATION)	
MUUC PXVales	Conholler	4.	
Authorized Signer	Tide	Authorized Signer	Title
2	CEO	5	
Authorized Signer	Title	Authorized Signer	Tide
3		6	
Authorized Signer	Title	Authorized Signer	Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.

#### **CERTIFICATION**

This section does not apply to sole proprietorships, unincorporated community groups, or if separate corporate resolutions or partnership agreements are provided.

The und	ersigned do hereby certify:		
1. That	they are:		
9		poration organized and existing under the laws of the st	
*	Managers of a limited liability company organize	d and existing under the laws of the state of $\underline{W}$	rdan.
7		, a pension/profit sharing trust, or 🗆 real estate broker tr	
	organized and existing under the laws of the sta	te of	
0	Officers or other authorized members of an unin	corporated association organized and existing under the	laws of the state of
	. The us	ndersigned acknowledge that they, and all other member	s of the association, are jointly and
	severally liable for all debts and obligations of th		
0		ic unit organized under the laws of the state of	
	The managing partners or the general partners	of, a $\square$ partnersh	
	organized and existing under the laws of the sta managing or general partners of the partnership limited liability partnership), are jointly and seve	ite of; a; a; a; and each otherally liable for all debts and obligations of the partnership	nd that they constitute all of the er partner (or general partner, if a ).
	foregoing corporation, limited liability company, translation.*	ust, public unit, association, organization, or partnership	is hereinafter referred to as the
0	eigntion's behalf do not violate the Organization's	ned and entry into the foregoing Account Agreement by s articles of incorporation or bylaws, articles of organizati nizational documents, as applicable, or applicable law gr	ion or operating agreement, partnership
3. That		Signers in the foregoing Account Agreement have been	
4. Tha	t the signatures appearing on the foregoing Accou	int Agreement are the true signatures of the respective A	Authonzed Signers.
this	Ownerization's behalf and to bind this Organization	d to execute and deliver the foregoing Account Agreeme on to the terms thereof, and to cause this Organization to athorization is evidenced by duly adopted resolutions or o the in full force and effect as of the date hereof.	enter into any or all of the transactions
In witne	ess whereof, the undersigned have signed this Ce	rtification and affixed the seal of this Organization (if req	uired), this day of
$\sum_{i=1}^{n}$	rica L. Robbes	In Medical Subles	Controller
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Page 5 of 5

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE OGDEN UT 84201-0023

003287.227091.0009.001 1 MB 0.404 532

7702 E DOUBLETREE RANCH RD STE 300

ACTION PRO WHITE LLC X WAVE ROCK LLC SOLE MBR

SCOTTSDALE AZ 85258

Date of this notice: 07-25-2012

Employer Identification Number:

90-0870007

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

003287

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 90-0870007. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDB 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.

Action Pro	Application for Employer (For use by employers, corporations, p government agencies, Indian tribal en  See separate instructions for each fir of entity (or individual) for whom the EIN is b	armerships, trusts, estates, churches lities, certain individuals, and others.)   • Keep a copy for your record	EIN
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		en 4 codecess	
) 4a Malino ador	of business (If different from name on line	) 3 Executor, administrator, trus	itee, "cere of" name
2 4a Malino ador	·	Wave Rock, LLC	
1	ess froom, apt., suite no. and street, or P.O.	box) 5a Street address (Il different) (	Do not enter a P.O. box.)
7702 E. De	oubletree Ranch Rd., Suite 300	# PI PI PI PI PI PI PI PI PI PI PI PI PI	4
4b City, state, a	nd ZIP code (if foreign, see instructions) :, AZ 85258	5b City, state, and ZiP code (if	ioreign, see instructions)
6 County and	state where principal business is located		
Maricona	County, Arizona		
7a Name of res	consible party	76 SSN, ITIN, OF EIN	
Wave Roc	k, LLC		30-0720692
• • •	for a limited lability company (LLC) (or	8b il 8a is "Yes," enti	
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Date business st	n required (month, day, year). See in	structions.   12 Closing month o	accounting year December
Cara change on	July 11, 2012		r employment tax liability to be \$1,000
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Il no employees	expected, skip line 14.		of Forms 941 quarterly, check here.
, .		or less # you exp	nt tax liability generally will be \$1,000 ecr to pay \$4,000 or less in total
Agricultural	Household	Other wages.) if you do	not check this box, you must file
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# Business Account Application and Agreeme Checking Accounts and Savings Accounts with Check Access

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#### **DEFINITIONS**

#### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account until: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

<sup>&</sup>quot;Account" means the checking or savings account(s) fisted above.

<sup>&</sup>quot;Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.

<sup>&</sup>quot;Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.

<sup>&</sup>quot;Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.

<sup>&</sup>quot;Available Balance" has the meaning defined in TCF's Terms and Conditions for Checking and Savings Accounts.

<sup>&</sup>quot;TCF," "TCF Bank," "we," "us," and "our" mean: TCFe National Bank. We are owned by TCF Financial Corporation.

<sup>&</sup>quot;You" and "your" mean each person or entity named above as Customer, if there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

Account	Number	fthe '	"A	ccount"
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## FAIR CREDIT REPORTING ACT AND SHARING OF INFORMATION ACKNOWLEDGEMENT

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree to give TCF current information about you and your financial situation when you apply for an account with TCF (or an account for which you are an Authorized Signer) and whenever TCF asks for this information while you have a business relationship with TCF. You state and agree that all information you give or will give to TCF is true, correct, and complete.

You also give TCF permission to get credit reports (including credit scores, such as FICO scores) and other lunds of financial and personal information about you from credit reporting agencies and other third parties. TCF may get this information when you apply for an account with TCF (or an account for which you are an Authorized Signer) and at any time while you have a business relationship with TCF.

You give TCF permission to investigate and use in our banking business the information described in this section, such as when we: (1) decide whether to open an account for you or at your request (or an account for which you are an Authorized Signer); (2) review your Account or collect money you owe us on your Account (or an account for which you are an Authorized Signer); (3) assign to your Account a code that we use, along with other information, to determine whether to pay your checks or other transactions; (4) assign your Account to a category that we use to determine whether to make certain deposits available to you sooner than would otherwise be required by your Account Contract; or (5) have other legitimate business reasons to investigate and use the information.

You give TCF permission to share or otherwise disclose the information described in this section, and other information about you and your transactions with us, with our Affiliates. You also give our Affiliates permission to use this information to dete

other legitimate business purposes. You also give TCF permission to exchange or otherwise disclose this information with other financial institutions, law enforcement agencies, third party service providers, and other third parties that are not Affiliates. Our reasons for doing so may include, but are not limited to: (1) enabling TCF to conduct our business; (2) protecting ourselves against fraud or other financial loss; (3) offering various products and services directly or through a third party; and (4) answering questions about TCF's credit experience with you.
See the TCF Privacy Policy for more information about TCF's use of information obtained in connection with products or services used for personal, family, and household purposes.  1. Initial
OVERDRAFT FEE ACKNOWLEDGEMENT  TCF charges an overdraft fee of \$37 per paid item. We do not charge an overdraft fee for paid items under \$1. If your account is overdrawn by \$5 or less

ing for the day, TCF does not charge an overdraft fee on the last item if paid by us. TCF also charges \$37 for each item we return without paying. We charge the returned item fee regardless of the amount of the item or your account balance. There is a combined limit of 5 overdraft and returned item fees per day. An "item" includes checks, ATM or debit card transactions, in-person withdrawals, ACH or other electronic transactions, or other

TCF's current practice is to process transactions for each Business Day generally as follows: (1) We process deposits you make before the cutoff time for the day before we process withdrawals. (2) We process certain priority withdrawals (such as wire transfers, electronic bill payments, teller withdrawals, and checks you write that are deposited into a TCF account or cashed in a TCF branch) before others. We process these transactions in groups in order of highest-to-lowest amount of the transaction within each group. (3) We generally process Card withdrawals in chronological order based on the date and time associated with the transaction. We process these transactions before checks and automated (ACH) withdrawals. (4) We generally process checks in check number order from lowest-to-highest. We process these transactions before automated (ACH) withdrawals. (5) We process automated (ACH) withdrawals in random order. Please note that transactions may not be processed in the order in which they occurred. The way that TCF processes transactions may result in more overdraft and returned item fees than if we processed transactions in a different wa

Accounts for more information on the way TCF processes transactions for your Account.
1. Initial
Please Note: You should avoid overdrafts. You can contact TCF Customer Sension at 1 900 TCF DANK (200 200)
account balance at the end of the previous business day falls below 50 or another amount you specify. For small business accounts, ask us about our savings transfer product, or see if you qualify for our overdraft line of credit. These may cost less than overdraft fees.

#### ARBITRATION AGREEMENT ACKNOWLEDGEMENT

Your Account Contract includes an arbitration agreement, if there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or court trial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit) for more information,

1. Initial	
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#### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.) Under penalties of perjury, I certify on behalf of the Account owner that:

- 1. The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner), and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and

3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. Person:

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are.

- · An individual who is a U.S. citizen or U.S. resident alien;
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### **ACKNOWLEDGEMENT**

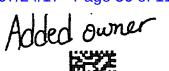
The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts; (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you, are part of your Account Contract with TCF. You agree to all the terms of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You confirm that you are requesting a TCF Business Check Card and/or a TCF ATM Card for the Account indicated above. You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act.

	HTMOSITED CICUATURES		
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2. Authorized Signér	C730 Title	5. Authorized Signer	Title
3. Authorized Signer	Title	6. Authorized Signer	Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.





# Business Account Application and Agreement Savings and Certificate of Deposit Accounts



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(303) 915-	1928		L 20-4:							
If the Statem	ent Mailing Address is diffe	rent from the above	address, please con	nplete below.	<b></b>					
ATTN. C/O			DRESS					. —		
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Card	1. Authorized Signer Nam				Date 0	f Birth	1	Social		inty # 329
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Card	2. Authorized Signer Nam	e (Titte)	•		Date o	of Birth		Social		•
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Card	3. Authorized Signer Nam	e (Tdle)			Date	of Birch		Social	i Sec	unity #
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Account	Number (the "Account"	")5258					
Card	4. Authorized Signer Name	(Title)		Date of Birth		Social	Security #
Address		•	City/State			<u> </u>	Zip Code
ID Type	ID Number	ID State / ID Country			Issue Date		Expiration Date
Card	5. Authorized Signer Name	(Title)		Date of Birth	<u> </u>	Social	Security #
Address			City/State				Zip Code
D Type	ID Number	ID State / ID Country			Issue Date		Expiration Date
Card	5. Authorized Signer Name		Date of Birth	1	Socia	Security #	
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country		······	Issue Date		Expiration Date

#### DEFINITIONS

#### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account until: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, 'you' and 'your' mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have

<sup>&</sup>quot;Account" means the checking, savings, or certificate of deposit account(s) listed above.

<sup>&</sup>quot;Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.

<sup>&</sup>quot;Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.

<sup>&</sup>quot;Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.

<sup>&</sup>quot;TCF," "TCF Bank," "we," "us," and "our" mean; TCFs National Bank. We are owned by TCF Financial Corporation.

<sup>&</sup>quot;You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

Account	Number	ithe "A	ccount <sup>a</sup>
ACCOUNT	number	140F /	COURIL

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#### **CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER**

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)

Under penalties of perjury, I certify on behalf of the Account owner that:

- The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item {2} above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tex return.

Signature of U.S. Person:

Date

Date

Date

Date

- · An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### ARBITRATION AGREEMENT ACKNOWLEDGMENT

Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or court brial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) for more information.

1. Initial VWV 2. Initial \_\_\_\_\_\_ 3. Initial \_\_\_\_\_\_ 5. Initial \_\_\_\_\_ 5. Initial \_\_\_\_\_\_ 5. Initial \_\_\_\_\_\_ 5.

The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional disclosures that TCF may give you, are part of your Account Contract with TCF. You agree to all the terms of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You acknowledge that TCF may issue you a TCF Business Check Card and/or a TCF ATM Card to access the savings account indicated above (not available for certificate of deposit accounts). You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

You also agree that TCF may share information about you and your Account transactions with our Affiliates. The information may include your consumer report. Our Affiliates may use the information to determine whether to offer you other products and services, and for other legitimate business purposes. You also agree that TCF may share the information with third parties that are not our Affiliates. You may direct TCF to NOT share certain information, as explained in the TCF Privacy Policy.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state taw.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act.

	UTHORIZED SIGNATURES	(SIGNATURE VERIFICATION)	
1	CEO MANAGE	2	
Authorized Signer	Title	Authorized Signer	Title
2. Authorized Signer	- Warager Title	5. Authorized Signer	Title
	Taug —	-	1 int
Authorized Signer	Title	6Authorized Signer	Title

6. Initial

Account	Number	the "A	ccount
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#### CERTIFICATION

This section does not apply to sole proprietorships, unincorporated community groups, or if separate corporate resolutions or partnership agreements are provided.

	or it separate corpor	ite resolutions or partnership agreements are pro	vided.				
The und	ersigned do hereby certify:	•					
1. That	they are:						
0	Officers of, a corporation organized and existing under the laws of the state of						
户	Managers of a limited liability company organized	and existing under the laws of the state of	drado				
0		, a pension/profit sharing trust, or O real estate broker trus					
	and existing under the laws of the state of	***					
0	Officers or other authorized members of an uninco	orporated association organized and existing under the laws	s of the state of				
	. The utilable for all debts and obligations of the associations	ndersigned acknowledge that they, and all other members on.	of the association, are jointly and severally				
. 0	Officers or other duly appointed official of a public	unit organized under the laws of the state of	•				
Ō	The managing partners or the general partners of	, a D partnershi	p, or 🛘 limited liability partnership,				
	organized and existing under the laws of the state managing or general partners of the partnership. I liability partnership), are jointly and severally liable	The undersigned acknowledge that they, and each other pa	and that they constitute all of the other (or general partner, if a limited				
The	foregoing corporation, limited liability company, trus	t, public unit, association, organization, or partnership is her	reinafter referred to as the "Organization."				
beha conti 3. That	If do not violate the Organization's articles of incorp rol agreement, or other organizational documents, a the individuals named or identified as Authorized S	ed and entry into the foregoing Account Agreement by the A coration or bylaws, articles of organization or operating agre is applicable, or applicable law governing the Organization. Igners in the foregoing Account Agreement have been duly	ement, partnership agreement, member				
	osition with the Organization stated above. the signatures appearing on the foregoing Account	Agreement are the true signatures of the respective Author	ized Signers.				
this (	Organization's behalf and to bind this Organization t	o execute and deliver the foregoing Account Agreement to to the terms thereof, and to cause this Organization to enter prization is evidenced by duly adopted resolutions or other a rice and effect as of the date hereof.	into any or all of the transactions				
In witnes		cation and affixed the seal of this Organization (if required)	-				
-1	May Medea 206		CEO/MANAORIO				
Name (	alanca ariat)	Signature	Title				
re	Mufa Junsu	Signature	Window				
Name (	olease print)	Signature	Tide				
Name (	please print)	Signature	Title				
Name (	please print)	Signature	Title				
Name (	please print)	Signature	Title				

DP10721



# Business Account Application and Agreement Checking Accounts and Savings Accounts with Check Access



ACCOUNT	NUMBER (the 'Account	7	ACCOUN	TIPRODUCT	TYPE	-	· · · · · · · · · · · · · · · · · · ·	
	5439	-	1195	TCF SMALL	BUSINESS C	HECKING		
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12/17/2	2013							
OWNERSH	IIP TYPE							
☐ Partners ☐ Limited		☐ Sole Proprietor(s) ☐ Business-Related Trust	)M(Limited Liabi □ Non-Profit O		☐ Public Unit ☐ RE Broker Trust	☐ Corporation ☐ Pension/Profit	Sharing	
	NAME ("Customer") WHATS POSSIBL	ELLC			COR	PORATION		
BUSINESS	ADDRESS (No PO Box	- see Statement Mailing A	(ddress below)					Mark Market Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee o
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Card	2. Authorized Signer M	lame (Title)			Oate of Birth		Social Se	ecurity #
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Card	3. Authorized Signer N	lame (Title)			Date of Birth	1	Social Se	ecurity #
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Card	4. Authorized Signer Name (Title)			Date of Birth	1	Social	Security#
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D Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date
Card	5. Authorized Signer Name (Title)			Date of Birth	<b>.</b>	Social	Security #
ddress			City/State			<u></u>	Zip Code
D Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date
Card	6. Authorized Signer Name (Title)			Date of Birth	1	Social	Security #
Address			City/State	L		<u> </u>	Zip Code
D Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date

#### **DEFINITIONS**

- "Account" means the checking or savings account(s) listed above.
- "Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.
- "Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.
- "Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.
- "Available Balance" has the meaning defined in TCF's Terms and Conditions for Checking and Savings Accounts.
- "TCF," "TCF Bank," "we," "us," and "our" mean: TCFa National Bank. We are owned by TCF Financial Corporation.
- "You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

#### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account until. (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, 'you' and 'you' mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your Account.

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

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#### FAIR CREDIT REPORTING ACT AND SHARING OF INFORMATION ACKNOWLEDGEMENT

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree to give TCF current information about you and your financial situation when you apply for an account with TCF (or an account for which you are an Authorized Signer) and whenever TCF asks for this information while you have a business relationship with TCF. You state and agree that all information you give or will give to TCF is true, correct, and complete.

You also give TCF permission to get credit reports (including credit scores, such as FICO scores) and other kinds of financial and personal information about you from credit reporting agencies and other third parties. TCF may get this information when you apply for an account with TCF (or an account for which you are an Authorized Signer) and at any time while you have a business relationship with TCF.

You give TCF permission to investigate and use in our banking business the information described in this section, such as when we: (1) decide whether to open an account for you or at your request (or an account for which you are an Authorized Signer); (2) review your Account or collect money you owe us on your Account (or an account for which you are an Authorized Signer); (3) assign to your Account a code that we use, along with other information, to determine whether to pay your checks or other transactions, (4) assign your Account to a category that we use to determine whether to make certain deposits available to you sooner than would otherwise be required by your Account Contract; or (5) have other legitimate business reasons to investigate and use the information.

You give TCF permission to share or otherwise disclose the information described in this section, and other information about you and your transactions with us, with our Affiliates, You also give our Affiliates permission to use this information to determine whether to offer you other products and services or for other legismate business purposes. You also give TCF permission to exchange or otherwise disclose this information with other financial institutions, taw enforcement agencies, third party service providers, and other third parties that are not Affiliates. Our reasons for doing so may include, but are not limited to:
(1) enabling TCF to conduct our business; (2) protecting ourselves against fraud or other financial loss; (3) offering various products and services directly or through a third party; and (4) answering questions about TCF's credit experience with you.

See the TCF Privacy Policy for more information about TCF's use of information obtained in connection with products or services used for personal, family, and household purposes.

1. Initial <u>10</u> 2. Initial	3. Initial	4. Initial	5. Initial	6. Initial
	OVERDRAF	T FEE ACKNOWLEDGE	MENT	
TCF charges an overdraft fee of \$37 per paid at the end of the processing for the day, TCF d without paying. We charge the returned item feetured item fees per day. An "item" includes debits.	oes not charge an ove e regardless of the arr	rdraft fee on the last item if sount of the item or your ac	paid by us. TCF also chi count balance. There is a	arges S37 for each item we return combined limit of 5 overdraft and
TCF's current practice is to process transaction the day before we process withdrawals. (2) We and checks you write that are deposited into a highest-to-lowest amount of the transaction will associated with the transaction. We process througher order from lowest-to-highest. We procrandom order, Please note that transactions min more overdraft and returned item fees than accounts for more information on the way TCF	e process certain priorit TCF account or cashe thin each group. (3) We lese transactions befor ess these transactions ay not be processed in if we processed transal	ty withdrawals (such as wir d in a TCF branch) before a generally process Card w e checks and automated (/ before automated (ACH) w to the order in which they oc ctions in a different way. Se	e transfers, electronic bill others. We process these ithdrawals in chronologic ACH) withdrawals. (4) We rithdrawals. (5) We proce curred. The way that TCF	payments, teller withdrawals, transactions in groups in order of al order based on the date and time generally process checks in check as automated (ACH) withdrawals in processes transactions may result
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Please Note: You should avoid overdrafts. You to check your balance and recent transactions account balance at the end of the previous but transfer product, or see if you qualify for our or	posted to your accountiness day falls below \$	t. Sign up for TCF Online E SO or another amount you s	Sanking to get email and is specify. For small busines	lext alerts to notify you when your
	ARBITRATION A	GREEMENT ACKNOW	EDGEMENT	
Your Account Contract includes an arbitration: then either you or TCF may require the dispute to a jury or court trial to resolve the dispute, or giving written notice to TCF within 30 days section called "Arbitration of Disputes" in TCF Conditions for Certificates (for certificates of disputes.	to be resolved by arbital (2) the right to pursue after the date of this seems and Conditions	itration in front of an arbitra a claim as a class action. \ Agreement following the s for Checking and Savings	tor. This means that you fou have the right to rej procedures described i	and TCF will not have: (1) the right ect the arbitration agreement by in your Account Contract. See the
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Account	Number	ithe	"Account"	)

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#### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)

Under penalties of perjury, I certify on behalf of the Account owner that:

- The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. Person:

Date 12-19-13

Definition of a U.S. Person, For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident allen;
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### **ACKNOWLEDGEMENT**

The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts; (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you, are part of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You confirm that you are requesting a TCF Business Check Card and/or a TCF ATM Card for the Account indicated above. You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act

		(SIGNATURE VERIFICATION)	
Authorized Signer	Manager	4. Authorized Signer	Title
2. Authorized Signer	Title	5 Authorized Signer	Title
3. Authorized Signer	Title	6 Authorized Signer	Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.





# Business Account Application and Agreement



		- AU		where				
	NUMBER(S) (the "Acco 139	unt")		CCOUNT/PRODU TCF SMALL BU		CKING		
DATE		FEDERAL ID NUMB	ER/SOCIAL SECU	RITY NUMBER				
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OWNERSH	PTYPE			•	······································	· . ·		•
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				BOULDER	}		CO	80304
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Card	2. Authorized Signer N	ame and Title/Positi	nn		Date of Birth		Cartel	Security#
	JENNIFER ANN		ui.		197		Sucial	Security #
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D			COLORADO	-		09/03/2010	l	09/04/2015
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Card	4. Authorized Signer Name ar	nd Title/Position		Date of Birth	Social Security #
Address		**************************************	City/State	<u> </u>	Zip Code
ID Type	80 Number	ID State / ID Country		Issue Date	Expiration Date
			•		
Card	5. Authorized Signer Name an	d Title/Position		Date of Birth	Social Security #
Address			City/State		Zip Code
ID Type	ID Number	ID State / ID Country		Issue Date	Expiration Cate
Card	6. Authorized Signer Name an	d Title/Position		Date of Birth	Social Security #
Address			City/State	<u> </u>	Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>	issue Date	Expiration Date
additions time to time. "Affiliates" "Authoris" "Availabes" "TCF," "	l agreements between you and ne upon notice to you. is" means any company directly ized Signer" means the Authori le Balance" has the meaning d ICF Bank," "we," "us," and "d	t; (5) the TCF Privacy Policy (as a TCF and any additional disclosure or indirectly owned by us or TCF and Signers named on pages one afined in TCFs Terms and Conditional Bank, Wentity named above as Customer justly and all owners together.	is that TCF may { Financial Corpor and two of this A ions for Checking te are owned by 1	pive you. TCF may change ation. greement. and Savings Accounts. TCF Financial Corporation	e your Account Contract from
		YOUR A	CCOUNT		
transfers	from the Account until: (1) all Au	nt, which exists as soon as Custo thorized Signera have signed this r Account Contract with TCF have	Agreement and	nosit to it. TCF does not his any other documentation (	ive to allow any withdrawals or that TCF requires, and returned
You certif	y that you are not opening this A	Account on behalf of a foreign final CF Business Check Card and/or 1	ncial institution a	s that term is defined unde	ır the Bank Secrecy Act. You
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do not en fees may	roll for online statements, you will apply when you ask for check imp	ir checking account statements. If y receive a paper statement. Fees to ige copies with your paper statemer elationship accounts. You can chang	r paper statement rts. acein decendi	s may epply, depending on no on your account type. P	your account type. Additional
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#### OVERDRAFT FEE ACKNOWLEDGMENT

TCF handles items that exceed your Available Funds in one of two ways: (1) TCF charges an overdraft fee of \$37 for each item we pay. We do not charge overdraft fees for items under \$1. We do not charge overdraft fees in a processing day if your Account is overdrawn by \$5 or less at the end of that day, or (2) TCF charges a returned item NSF (non-sufficient funds) lee of \$37 for each item we return without paying. We charge the returned item NSF fee regardless of the amount of the item or your Account balance. There is a combined limit of five overdraft and returned item NSF fees per day. An "item" includes checks, ATM or debit card transactions, in-person withdrawals, ACH or other electronic transactions, and other debits.

The way we process transactions for your Account is explained in TCF's Terms & Conditions for Checking and Savings Accounts. We provided this to you at account opening, and another copy is available upon request, in general, TCF processes deposits to your Account before withdrawals, and processes some types of withdrawals before others. For example, TCF processes ATM withdrawals and debit card transactions after account transfers but before checks. ATM withdrawals and debit card transactions are generally processed in chronological order based on a date and time associated with the transaction. Checks are generally processed in lowest-to-highest order based on check number. The way that TCF processes transactions may result in more overdraft and returned item fees than if we processed transactions in a different way. You should evoid overdrafts. You can contact TCF Customer Service or use TCF Online Banking to check your balance and recent transactions posted to your account. Ask us about our overdreft protection transfer product, or see if you qualify for our overdreft line of credit. These may cost less than overdraft fees. 4. Initial 3. Initial 5. Initial 6. Initial 1. Initial / ARBITRATION AGREEMENT ACKNOWLEDGMENT Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or court trial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms end Conditions for Certificates (for certificates of deposit) for more information. You irrevocably waive any right to trial by jury in any proceeding related to the Account(s) or Account contract. 2. Initial CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER (in this certification below, "1," "me," and "my" mean the Authorized Signer on behalf of the Account owner.) Under penalties of perjury, I certify on behalf of the Account owner that: 1. The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I

- am waiting for a number to be issued to Account owner); and 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internsi Rovenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you are not a "U.S. Person," please complete Form, W-8 BEN Instead of signing this certification.

Signature of U.S. Person:

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien;
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States:
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in internal Revenue Service Regulations section 301.7701-7).

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#### **ACKNOWLEDGMENT**

The Authorized Signers acknowledge that they have received a copy of the Account Contract with TCF. You agree to all the terms of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You confirm that you are requesting a TCF Business Check Card and/or a TCF ATM Card for the Account indicated above (not available for certificate of deposit accounts). You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or TCF ATM Card solely to purchase business-related goods and services.

You also agree that TCF may share information about you and your Account transactions with our Affiliates. The information may include your consumer report. Our Affiliates may use the information to determine whether to offer you other products and services, and for other legitimate business purposes. You also agree that TCF may share the information with third parties that are not our Affiliates. You may direct TCF to NOT share certain consumer information, as explained in the TCF Privacy Policy.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account.

/ / - / 1 //	ZED SIGNATURES (SIGNATURE VERIFICATION)	·
1. Authorized Signer Title	Authorized Signer	Title
2. Authorised Signer Title	5. Authorized Signer	Title
3. Authorized Signer Title	6	Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.

#### CERTIFICATION

This section does not apply to sole proprietorships, unincorporated community groups, or if separate corporate resolutions or partnership agreements are provided.

The undersigned do hereby certify: 1. That they are: \_\_\_\_\_\_ s corporation organized and existing under the laws of the state of ☐ Officers of tanagers of a limited liability company organized and existing under the laws of the state of , a pension/profit sharing trust, or O real estate broker trust, or O business-related trust, organized and existing under the laws of the state of Officers or other authorized members of an unincorporated association organized and existing under the laws of the state of . The undersigned acknowledge that they, and all other members of the association, are jointly and severally liable for all debts and obligations of the association. \_\_, a O partnership, or O limited liability partnership. The managing partners or the general partners of ; and that they constitute all of the organized and existing under the laws of the state of managing or general partners of the partnership. The undersigned acknowledge that they, and each other partner (or general partner, if a limited liability partnership), are jointly and soverally liable for all debts and obligations of the partnership. The foregoing corporation, limited liability company, trust, public unit, association, organization, or partnership is hereinafter referred to as the "Organization." 2. That the furnishing of this Certification by the undersigned and entry into the foregoing Account Agreement by the Authorized Signers on this Organization's bahalf do not violate the Organization's articles of incorporation or bylaws, articles of organization or operating agreement, partnership agreement, member control agreement, or other organizational documents, as applicable, or applicable law governing the Organization. 3. That the Individuals named or identified as Authorized Signers in the foregoing Account Agreement have been duly elected or appointed to, and now hold, the position with the Organization stated above. 4. That the signatures appearing on the foregoing Account Agreement are the true signatures of the respective Authorized Signers. 5. That each of the Authorized Signers is duly authorized to execute and deliver the foregoing Account Agreement to TCF on this Organization's behalf and to bind this Organization to the terms thereof, and to cause this Organization to enter into any or all of the transactions contemplated in the Account Agreement, that such authorization is evidenced by duly adopted resolutions or other action of the board or governing body of this Organization; and that such resolutions are in full force and effect as of the date hereof. ess whereof, the undersigned have signed this Certification and affixed the seat of this Organization (if required), this Title Title Signature Name (please print) Title Signature Name (please print) Title Name (please print) Signature Title Signature Name (please print) DP50721





# **Business Account Application and Agreement** Checking Accounts and Savings Accounts with Check Access



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☐ Parmers!	tip ishtin Pannership (LLP)	<ul><li>□ Sole Proprietor(s)</li><li>□ Business-Related Trus</li></ul>			E Broker Trust	☐ Pension/Profit	Shanng	
	NAME ("Customer")							
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13186	BLAIR WILLIA	M MCNEA		City/State			7	Zip Code
Address				BOULDER			CO	80301
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Card	2. Authorized Signer	Name (Title)			Date of Birth		Social	Security #
	DANICA LYNN	ROBLES			19	74		5483
Address				City/State	_		~~	Zip Code 80504
_				FIRESTON		Issue Date	СО	Expiration Date
ID Type	ID Number	1	State / ID Country			10/23/2012		10/13/2017
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	3. Authorized Signe	r Name (1856)		City/State		· · <u>- · · · · · · · · · · · · · · · · ·</u>	ــــــــــــــــــــــــــــــــــــــ	Zip Code
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Account	Number (the "Account	")5440					
Card	4. Authorized Signer Name	(Tible)		Date of Birth		Social S	Security #
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Address			City/State				Zip Code
ID Type	ID Number	iD State / iD Country			Issue Date		Expiration Date
Card	6. Authorized Signer Name	Date of Birth			Social	Social Security #	
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>		issue Date		Expiration Date

#### DEFINITIONS

- "Account" means the checking or savings account(s) listed above.
- "Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule, (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.
- "Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.
- "Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.
- "Available Balance" has the meaning defined in TCF's Terms and Conditions for Checking and Savings Accounts.
- "TCF," "TCF Bank," "we," "us," and "our" mean: TCFe National Bank. We are owned by TCF Financial Corporation.
- "You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

#### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account untit: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your Account.

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

### FAIR CREDIT REPORTING ACT AND SHARING OF INFORMATION ACKNOWLEDGEMENT

In this section, 'you' and 'your' mean you, the Customer named above, and each Authorized Signer.

You agree to give TCF current information about you and your financial situation when you apply for an account with TCF (or an account for which you are an Authorized Signer) and whenever TCF asks for this information while you have a business relationship with TCF. You state and agree that all information you give or will give to TCF is true, correct, and complete.

You also give TCF permission to get credit reports (including credit scores, such as FICO scores) and other kinds of financial and personal information about you from credit reporting agencies and other third parties. TCF may get this information when you apply for an account with TCF (or an account for which you are an Authorized Signer) and at any time while you have a business relationship with TCF.

You give TCF permission to investigate and use in our banking business the information described in this section, such as when we: (1) decide whether to open an account for you or at your request (or an account for which you are an Authorized Signer); (2) review your Account or collect money you owe us on your Account (or an account for which you are an Authorized Signer); (3) assign to your Account a code that we use, along with other information, to determine whether to pay your checks or other transactions; (4) assign your Account to a category that we use to determine whether to make certain deposits available to you sooner than would otherwise be required by your Account Contract; or (5) have other legitimate business reasons to investigate and use the information.

You give TCF permission to share or otherwise disclose the information described in this section, and other information about you and your transactions with us, with our Affiliates. You also give our Affiliates permission to use this information to determine whether to offer you other products and services or for other legitimate business purposes. You also give TCF permission to exchange or otherwise disclose this information with other financial institutions, law enforcement agencies, third party service providers, and other third parties that are not Affiliates. Our reasons for doing so may include, but are not limited to:

(1) enabling TCF to conduct our business; (2) protecting ourselves against fraud or other financial loss; (3) offering various products and services directly or through a third party, and (4) answering questions about TCF's credit experience with you.							
See the TCF Privacy Policy for more information about TCF's use of information obtained in connection with products or services used for personal, family, and household purposes.							
1. Initial 5. Initial 5. Initial 5. Initial							

#### OVERDRAFT FEE ACKNOWLEDGEMENT

TCF charges an overdraft fee of \$37 per paid item. We do not charge an overdraft fee for paid items under \$1. If your account is overdrawn by \$5 or less at the end of the processing for the day, TCF does not charge an overdraft fee on the last item if paid by us. TCF also charges \$37 for each item we return without paying. We charge the returned item fee regardless of the amount of the item or your account balance. There is a combined limit of 5 overdraft and returned item fees per day. An "item" includes checks, ATM or debit card transactions, in-person withdrawals, ACH or other electronic transactions, or other debits.

ally as follows: (1) We process deposits you make before the cutoff time for

TCF's current practice is to process transactions for the day before we process withdrawals. (2) We process and checks you write that are deposited into a TCF in highest-to-lowest amount of the transaction within erassociated with the transaction. We process these to number order from lowest-to-highest. We process the random order. Please note that transactions may no in more overdraft and returned item fees than if we process for more information on the way TCF process.	sess cenain priority with account or cashed in a ach group. (3) We gene ransactions before their tesse transactions before to be processed in the o processed transactions for resses transactions for	drawals (such as wire tran TCF branch) before other erally process Card withdra kts and automated (ACH) a automated (ACH) withdra der in which they occurre in a different way. See TC your Account.	isters, electronic bill payms. We process these trans wals in chronological ordi withdrawals. (4) We gene awals. (5) We process aut d, The way that TCF proc F's Terms and Conditions	nents, teller withdrawais, sactions in groups in order of ler based on the date and time erally process checks in check tomated (ACH) withdrawals in sesses transactions may result of or Checking and Savings
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Please Note: You should avoid overdrafts. You can to check your balance and recent transactions poste account balance at the end of the previous business transfer product, or see if you qualify for our overdrafts.	contact TCF Customer ed to your account. Signs day falls below \$0 or	Service at 1-800-TCF-BA n up for TCF Online Banki another amount you specif	NK (823-2265) or use TC ng to get email and text al ly. For small business acc	F Online Banking ( <i>tcfbank.co</i> lens to notify you when your
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#### ARBITRATION AGREEMENT ACKNOWLEDGEMENT

Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or court trial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit) for more information.

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### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)

- Under penalties of perjury, I certify on behalf of the Account owner that:
- 1. The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross-out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S Person:

Definition of a U.S. Person. For federal tax purposes, you are-considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301,7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

#### **ACKNOWLEDGEMENT**

The Authorized Signers acknowledge that they have received a copy of. (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts; (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you. are part of your Account Contract with TCF. You agree to all the terms of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You confirm that you are requesting a TCF Business Check Card and/or a TCF ATM Card for the Account indicated above. You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Ad.

AUTHORIZED	SIGNATURES	(SIGNATURE	VERIFICATION)
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Authorized Signer

Title

**Authorized Signer** 

Title

**Authorized Signer** 

Tale

Authorized Signer

Title

TO OPEN AN ACCOUNT, THIS AGREEMENT MUST BE SIGNED OR INITIALED BY THE APPROPRIATE PERSON IN ALL PLACES WHERE INDICATED.

#### 11/25/2013

Ms. Mornie Beester Mezaper University & Felsom, LLC 9800 Moure Pyramid Count Englewood, CO 80112

Re: Indomnification for Key Employees who Sign Personal Grammans on Behalf of UNIVERSITY & FOLSOM, LLC ("Company") in Cover Costs Associated with Terminated Marchant Films

### DES MARNIE BAESLER:

in your position with our Company as Manager, you have been, and may be required to, provide your personal guarantee on mentions applications for credit and proceeding services with the Company's banks ("Bank" or "Banks"). The Banks require this guarantee from many applicants on a measure of protection against possible default on payment obligations.

With regard to your personal gamentee on the above-referenced are distant processing agreements, the Company shall become responsibility for performance and payment of the Company's obligations. In the event that a bank scales recovery from you personally for the Company's fathers to faitfill the terrain of these agreements, the Company will pay all amounts outstanding to the bank, reindome you for reasonable attorney's force and legal expenses incurred by you in defending any proceeding, and any intigenents, four and the like to be paid in actionment. Alternatively, we will advance those constanding amounts to you at to be paid to the Bank, or in the case of expenses, to you, at your request.

The Commany will am provide the benefits outlined in this paragraph for house that are due to your eats of final,

To the extent to which the Company does not fulfill our financial obligation to you, then BLIZZARD WHITE, LLC will pay those cases. Then, to the extent to which neither Company nor BLIZZARD WHITE, LLC fulfills our financial obligation to you, WAVE ROCK, LLC will pay the behavior. In order to receive the benefit of this indemnification, you must promptly notify the Company of the dispute to from as you become aware of any such matters, and you agree that Company has rule control over the definer and scalemant.

Thank you for your continued service to the Continue.

Kind regards

LINIVERSITY & FOLSOM LIC BILLYZED WHITE LIC KAVE BOOK LIC

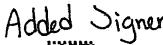
Name Marrie Baseles State Aller Manager

Tele Manager

Tele Manager

Accepted and agreet:

Name of the Balsler
Title Manager





# Business Account Application and Agreement Savings and Certificate of Deposit Accounts



Open 7 Days-

•	-							
ACCOUNT	NUMBER (the 'Accoun	nt") . ACCOUN	IT/PRODUCT TYPE					☐ New Account
5-	440	TCF S	MALL BUSINESS CH	ECKING			Í	☐ Change of Signers
DATE		SALES PERSON		T	ELLER#		MAIL CO	DOE
03/04/200	08			1	DP10721	_		
OWNERS	HIP TYPE		······································		'	1	<u> </u>	
☐ Partne		☐ Sole Proprietor		bility Co. (LLC)	D Public Unit	Ø2 Corporat		
	Liability Pannership (LLP	) 🛘 Business-Rela	ted Trust D Non-Profit (	Organization	☐ RE Broker 1	rust   D Pension	Profit Sha	ring
I	NAME ('Customer')	,			_			
	SITY & FOLSOM LLC		<u> </u>		Corp	oration `		
1	ADDRESS (No PO Bo	x - see Statement I	Mailing Address below)					
9800 PY	RAMID CT							
CITYISTAT					ZIP	CODE		
ENGLEW						80112		
	TELEPHONE		FEDERAL ID NUM		SECURITY NU	IMBER		
(303) 915	5-1928		262	349436			****	
If the States	ment Mailing Address is	different from the al	bove address, please co	omolete below.				
ATTN. C/O			ADDRESS				····	
BUILDING.	SUITE, ROOM, FLOO	R NO. CITY	<del></del>		STATE		ZIP C	ODE
	,							
			£					
If this is a p	ension or profit sharing	plan, the entire ben	elicial interest Lits Lit	is not held by I	natural persons	•		
Card	1. Authorized Signer	Name (Title)			Date of Bi	nh	Socia	al Security #
ŧ	BLAIR WILLIAM	MCNEA		ř	19	962		1329
Address				City/State				Zip Code
				BOULDER			CO	80301
1D Type	ID Number		ID State / ID Country			Issue Date		Expiration Date
D			COLORADO			03/16/2011		06/30/2016
<u></u>			<u></u>					<u> </u>
Card	2. Authorized Signer	Name (Title)			Date of Bi	rth	Socia	I Security #
	JENNIFER ANN	HOSON			19	97 <b>7</b>	4	-3911
Address				City/State				Zip Code
				LAKEWOO	O		co	80228
ID Type	ID Number		ID State / ID Country	<u> </u>		Issue Date		Expiration Date
D .			COLORADO			09/03/2010		09/04/2015
	1		<u> </u>	<del></del>				<u> </u>
Card	3. Authorized Signer	Name (Title)			Date of Bi	nh	Socia	al Security #
•		• •						
Address	<u> </u>			City/State		······		Zip Code
								7
ID Type	ID Number		ID State / ID Country	<u></u>		Issue Date		Expiration Date
عبرن ت								
			1			1		1

Card	4. Authorized Signer Name (Title)			Date of Birth		Social Security #	
Address			City/State	1	<u></u> , <u></u>		Zip Code
D Type	ID.Number	ID State / ID Country	<u> </u>		Issue Date	E	xpiration Date
Card	5. Authorized Signer Name (Title)			Date of Birth		Social :	Security #
Address			City/State			<u> </u>	Zip Code
D Type	ID Number	ID State / ID Country	<u> </u>		issue Date		Expiration Date
Card	6. Authorized Signer Name (Title)			Date of Birth	1	Social	Security #
Address			City/State				Zip Code
ID Type	ID Number	ID State / ID Country	<u> </u>		Issue Date		Expiration Date

#### DEFINITIONS

### YOUR ACCOUNT

You are the legal owner of the Account, which exists as soon as you make a deposit to it. TCF does not have to allow any withdrawals or transfers from the Account until: (1) all Authorized Signers have signed this Agreement and any other documentation that TCF requires, and returned them to us; and (2) all other terms of your Account Contract with TCF have been met.

#### **ELECTRONIC COMMUNICATIONS**

In this section, "you" and "your" mean you, the Customer named above, and each Authorized Signer.

You agree that TCF may send you Account information by email or text message. We may do so using the email address or mobile phone number you have given us. When we send you a communication in this way, we will not send it again in the mail unless the law requires mailed notice. These communications may include information about overdrafts and dishonored items on your Account. They may also include other information about your Account.

We may also send you promotional information by email or text message. This may include information about TCF products and services. However, you may ask us to stop sending these promotional materials electronically by simply selecting the "unsubscribe" or "opt out" option in the communication, or by contacting TCF Customer Service.

<sup>&</sup>quot;Account" means the checking, savings, or certificate of deposit account(s) listed above.

<sup>&</sup>quot;Account Contract" means: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; (5) the TCF Privacy Policy (if applicable); and (6) any additional agreements between you and TCF and any additional disclosures that TCF may give you. TCF may change your Account Contract from time to time upon notice to you.

<sup>&</sup>quot;Affiliates" means any company directly or indirectly owned by us or TCF Financial Corporation.

<sup>&</sup>quot;Authorized Signer" means the Authorized Signers named on pages one and two of this Agreement.

<sup>&</sup>quot;TCF," "TCF Bank," "we," "us," and "our" mean: TCFe National Bank. We are owned by TCF Financial Corporation.

<sup>&</sup>quot;You" and "your" mean each person or entity named above as Customer. If there is more than one Account owner, "you" and "your" mean each owner individually and all owners together.

Account	Number	the "	Account"
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#### CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION NUMBER

(In this certification below, "I," "me," and "my" mean the Authorized Signer on behalf of the Account owner.)

Under penalties of perjury, I certify on behalf of the Account owner that:

- 1. The social security number or employer identification number shown on this form is the Account owner's correct taxpayer identification number (or I am waiting for a number to be issued to Account owner); and
- 2. The Account owner is not subject to backup withholding because: (a) the Account owner is exempt from backup withholding; or (b) the Account owner has not been notified by the Internal Revenue Service (IRS) that the Account owner is subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified the Account owner that the Account owner is no longer subject to backup withholding; and
- 3. The Account owner is a U.S. citizen or other U.S. person, as defined below (including a U.S. resident alien).

Note: Certification Instructions. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature of U.S. Person:

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States:
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Internal Revenue Service Regulations section 301.7701-7).

If you are not a "U.S. Person," please complete Form W-8 BEN instead of signing this certification.

### ARBITRATION AGREEMENT ACKNOWLEDGMENT

Your Account Contract includes an arbitration agreement. If there is a dispute between you and TCF and the dispute is covered by the arbitration agreement, then either you or TCF may require the dispute to be resolved by arbitration in front of an arbitrator. This means that you and TCF will not have: (1) the right to a jury or count trial to resolve the dispute, or (2) the right to pursue a claim as a class action. You have the right to reject the arbitration agreement by giving written notice to TCF within 30 days after the date of this Agreement following the procedures described in your Account Contract. See the section called "Arbitration of Disputes" in TCF's Terms and Conditions for Checking and Savings Accounts (except certificates of deposit) or TCF's Terms and Conditions Bacertificates (for certificates of deposit) for more information.

2 Initial

3. Initial

4. Initial

5. Initial

6. Initial

#### ACKNOWLEDGMENT

The Authorized Signers acknowledge that they have received a copy of: (1) this Agreement; (2) TCF's Terms and Conditions for Checking and Savings Accounts (except for certificates of deposit) or TCF's Terms and Conditions for Certificates (for certificates of deposit); (3) TCF's Deposit Account Services and Prices Schedule; (4) TCF's Current Rates and Yields schedule; and (5) the TCF Privacy Policy. All of these documents, together with any additional agreements between you and TCF and any additional disclosures that TCF may give you, are part of your Account Contract with TCF. You agree to all the terms of your Account Contract with TCF. By continuing your Account or using any Account-related service, you confirm your agreement to all the terms of your Account Contract with TCF as it may be amended from time to time. You acknowledge that TCF may issue you a TCF Business Check Card and/or a TCF ATM Card to access the savings account indicated above (not available for certificate of deposit accounts). You agree that the Account will only be used for business purposes and not for personal, family, or household purposes. You also agree that you will use your TCF Business Check Card and/or a TCF ATM Card solely to purchase business-related goods and services.

You also agree that TCF may share information about you and your Account transactions with our Affiliates. The information may include your consumer report. Our Affiliates may use the information to determine whether to offer you other products and services, and for other legitimate business purposes. You also agree that TCF may share the information with third parties that are not our Affiliates. You may direct TCF to NOT share certain information, as explained in the TCF Privacy Policy.

For accounts designated as a real estate broker trust account at the time of account opening, any interest on the account, less allowable service charges, will be paid to the applicable state authority in accordance with the governing state law.

You and each of the Authorized Signers agree that the Ownership Type designated on page one accurately describes the company or organization establishing the Account and that the Account is not being opened on behalf of a foreign financial institution as that term is defined under the Bank Secrecy Act.

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		JTHORIZED SIGNATURES	(SK	GNATURE VERIFICATION)	•
1.		CEO/Marrages	4.	Authorized Signer	Title
2.	Authorized Signer	MANAGER	5.	Authorized Signer	ille .
,	Authorized Signer	Title U	٠.	Authorized Signer	Title
3.	Authorized Signer	Title	6.	Authorized Signer	Title

<b>Account Number</b>	(the "Account"
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## CERTIFICATION

This section does not apply to sole proprietorships, unincorporated community groups,

	or if separate corporate	e resolutions or partnership agreem	ents are provide	d.
The unde	rsigned do hereby certify:	:	•	
1. That i	they are:			
σ,	Officers of, a corp	oration organized and existing under the L	ews of the state of	<del></del> .
B	Managers of a limited liability company organized at	nd existing under the laws of the state of _	MOLMA	<u>U</u>
0	Trustees of	a pension/profit sharing trust, or II real es	tate broker trust, or l	D business-related trust, organized
	and existing under the laws of the state of		•	
	Officers or other authorized members of an unincorp	porated association organized and existing	under the laws of th	ne state of
	.The und	lersigned acknowledge that they, and all of	ther members of the	association, are jointly and severally
	Officers or other duly appointed official of a public u	nit organized under the laws of the state o		•
D	The managing partners or the general partners of		a D partnership, or i	D limited liability partnership,
	organized and existing under the laws of the state or managing or general partners of the partnership. The liability partnership), are jointly and severally liable in	e undersigned acknowledge that they, and	each other partner	iat they constitute all of the (or general partner, if a limited
The f	oregoing corporation, limited liability company, trust,	public unit, association, organization, or pa	artnership is hereinal	ter referred to as the "Organization."
beha	the furnishing of this Certification by the undersigned If do not violate the Organization's articles of incorpo of agreement, or other organizational documents, as	ration or bylaws, articles of organization or	operating agreemer	ized Signers on this Organization's nt, partnership agreement, member
3. That the p	the individuals named or identified as Authorized Sig osition with the Organization stated above.	ners in the foregoing Account Agreement I	nave been duly elect	ed or appointed to, and now hold,
4. That	the signatures appearing on the foregoing Account A	greement are the true signatures of the re	spective Authorized	Signers.
this (	each of the Authorized Signers is duly authorized to Organization's behalf and to bind this Organization to emplated in the Account Agreement; that such author Organization; and that such resolutions are in full forc	the terms thereof, and to cause this Organization is evidenced by duly adopted resol	nization to enter into	any or all of the transactions
In witnes	s whereof, the undersigned have signed this Centific	ation and affixed the seal of this Organizat	ion (if required), this	day of
B	WWW.VLQ 20 J. St. Company (1975)	Signature	<u></u>	CASManage
Yea	When down 800 please print)	Signature		Managor
istalise (i	ncase party			
Name (	olease print)	Signature	•	Title
Name (	please print)	Signature	•	Title
Name (	olease print)	Signature	<del></del> .	Title
Name (	please print)	Signature		Title

DP10721

# PX3 Agarwal Attachment G Keybank Records

#### **AFFIDAVIT**

STATE OF OHIO **COUNTY OF CUYAHOGA** 

) SS: Brookville Lane LLC

Now comes Jennifer Kowicki, being first duly sworn, deposes and says the following:

- 1. I am Custodian of Records for KeyBank National Association, and I have knowledge of the matters herein referred to.
- 2. Attached hereto, and made a part of hereof, are true and correct copies of the original documents of **KeyBank National Association**. These records are maintained in the normal course of business at KeyBank National Association.

Affiant further sayeth naught,

Sworn to before me and subscribed in my presence, this 29th day of September, 2016.

**Notary Public** 

DANIELLE D. CAIRNS **Notary Public** In and for the State of Ohio No Expiration Date

					Data e a tres assesses as a consequent to a set to the account of a consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequent of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequence of the consequ
KeyBank 🗘 👝 Busi	ness/Public	: Entit	y Sign	ature Ca	ard 🕽 💓 👛 🕒
Account Number 1808		Entity Corp	oration Proprieto	rsbin [	₫ Partnership ] Trust
☐ Múltiple Accounts - Refer to Exhibit A		☐ Non-			
Legal Title of Account			ic Entity		
NIGHTWATCH GROUP, LLC		☐ Orga	mzauon <i>p</i>	Association	
Principal Business Address 450 E 95TH ST STE 500.		-			·
City Indianapolis		State IN	ZIF Code 46240- 3760	Telephone Ni (303) 884-91	
Statement Mailing Address		City	<u> </u>	State	ZiP Code
450 E 96TH ST STE 500		INDIAN	APOLIS	INDIANA	46240-3760
Signer's Name	Title /		ier²s	US	Signature
5 chir M Xlau	1 Borbara	SSA	I/TIN	Citizen	
BLAIR W MCNEA	C GOMOA	74		(Y/N)	
BLAIR VY MCNEA				1	
		·			
If this entity has additional Designated Signers enter By signing above, each signer authorizes KeyBank to obta reporting agency.	Signer's information ain a consumer report	ột thém Ind on page 3	and check i Vidualiy, W	tere □ 'e may also repor	t information about the Account to a consumer
By signing below, the client listed above ("Client") authorize non-personal accounts owned by the Client with the same electronic, written or oral instructions from the Client without above and on Exhibit A attached hereto and made a part account to Exhibit A shall be effective only upon receipt by and agrees that all Accounts opened under this Signature. Policy ("Agreement") and Disclosures governing the Accounts Agreement and Disclosures.	Account Title listed all ut obtaining an addition mereof; as such Exhibit KeyBank of a new Except and are governed by	cove and wined Signature may be an child A in a the terms a	h the same re Card (*Ac ended or su form accepta and condition	Designated Sign count or "Account pplemented by the able to KeyBank as of the Deposit	ers listed above, and upon receipt of his?. Accounts opened hereunder are listed he Client from time to time, Addition of a new in its sole discretion. The Client acknowledges Account Agreement and Funds Availability
The Client authorizes KeyBank to operate all current and thom instructions from any of the designated signers to de recognize and honor the signature of any of the designate written or oral requests for withdrawals or transfers of Signer for the transaction of any business on any Account the Accounts operate under this Signature Card until KeyP notice is actually received, the authority conferred herein that gaved harmless from any loss suffered or flability incurrent.	posit , withdraw or tran d signers on checks (i ts, including transfers is (including to close a sank receives written n to the Designated Sign	sfer funds t I withdrawal to KeyBank occounts) co totice revok ers noted b	o or from any by check is or to third pr vered by this ng the authorists shall re	y other accounts permitted) and w artles; and (iii) to a Signature Card aization and has	at the Bank when opening new accounts; (ii) to dithdrawal slips and honor any other electronic, act upon instructions from any Designated . KeyBank may rely on this authorization for reasonable time to act upon it. Until such
Note: The information you are providing to open your account in the event we are unable to verify, to our sa Certification of Taxpeyer Identification Number: Under penalties of perjury, I certify that:	distaction, the Inform	ation you p	r <del>ovid</del> ed.		•
The number shown on this form is my correct     I am not subject to backup withholding because service (IRS) that I am subject to backup with the latest the backup with the latest the backup with the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the late	se : (a) I am exempt I holding as a result of	rom backu	p withholdii	ng, or (b) I have	not been notified by the Internal Revenue
am no longer subject to backup withholding,  1 am a U.S. citizen or other U.S. parson, define  An individual who is a U.S. citizen or U.S re	d as:				
<ul> <li>A partnership, corporation, company or as:</li> <li>An estate (other than a foreign estate), or</li> </ul>		anized in t	ne United S	tates or under t	he laws of the United States.
<ul> <li>An estate (other than a foreign estate), or</li> <li>A domestic trust (as defined in Regulations</li> </ul>	section 301.7701-7.				

·
4. I am exampt from the Foreign Account Tax Compliance Act (FACTA).
Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. If you are a foreign person, cross out the above Certification section and U.S. Person on the line next to your signature below. Complete the appropriate IRS form W.K.  The internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.
Tax identification Number: 46-5341804  Title for Legal Owner of TIN: NIGHT WATCH GROUP, LLC  Refer to the list of payees exempt from backup withholding and for which no information reporting is required.  If this Entity is exempt from backup withholding and information reporting under IRS regulations, enter your correct TIN in the previous section and check liere: □
if you are a torsign person, cross out above certification section and U.S. Person on the line under your signature below. Complete the appropriate Form W-8.
IN WITNESS WHEREOF, Company has signed below by a puly authorized officer.  Statistics: This FO MANAGER Signed Series 9 17-1
Signiakure: Printed Name 417 // MEQ. Title 1907 Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 177/ Date: 1
Accepted and Identified/Verified by an authorized representative of Bank:
Signature B- AND Printed Name: ASHOK BUDAWATE PB Date: 91715
Noterization required if document is not signed in the presence of a Bank employee.
*State of )
County of )
The foregoing instrument was acknowledged before me day of , 20 By this, authorized signer.
Notary Public My contribution expires:
Payees and Payments Exempt from Backup Withholding
The following is a list of payees exempt from backup withholding and for which no information reporting is required, For interest and dividends; all listed payees are exempt except item 9. For broker transactions; payees listed in 1 through 13, and a person registered under the investment Advisers Act of 1940 who regularly acts as a broker are exempt.
Payments subject to reporting under sections 6041 and 6041A are generally exempt from backup withholding only if made to payees described in items 1 through 7, except a corporation that provides medical and health care services or bills and collects payments for such services in not exempt from backup withholding or information reporting. Only payees described in Items 2 through 6 are exempt from backup withholding for barter exchange transactions, patronage dividends, and payments by certain fishing boat operators.
backup wisinciging on bande excissinge italisaciona, pempiage dividends, and payutents by cartain island to at oparators.  1. A corporation.
2. A Client exempt from tax under section 601(a), or an IRA, or a custodial account under section 403(b)(7). 3. The United States or any of its agencies or instrumentalities.
<ol> <li>A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,</li> <li>A foreign government or any of its political subdivisions, agencies or instrumentalities,</li> <li>An international Client or any of its agencies or instrumentalities.</li> </ol>
7. A foreign central bank of issue. B. A dealer in securities or commodities required to repister in the United States of a possession of the United States.
9. A futures commission merchant registered with the Commodity Futures Trading Commission. 10. A real estate investment trust. 11. An entity registered at all times during life tex year under the investment Company Act of 1946.
12. A common triet fund operated by a bank under section 684(a).
14. A middleman known in the trivestment community as a nominee or listed in the most recent publication of the American Society of Corporate Secretaries, Inc.; Nominee List. 16. A trust exempt from tex under section 664 or described in section 4947.
ear to transferent the rates were assessment as a of appearance reconsider. About
Bank Use Only Account Number this page corresponds to:

and that receipt of notice honoring of Items are he from any and all claims,	shall remain in full force and effect un e shall not affect action taken by the reby ratified and continued in full for suits, judgments, losses, costs and a lact in pursuance of this Agreement.	Bank prior to such receipt. That se and effect. The Company ago	all previous authorizations for rees to indemnify and hold th	or the signing and se Bank harmless
Signature: Authorsing Office	Company has signed below by a	duly authorized officer.	CRO/MANHÜER.	te: 9/16/15
Signature Barus Representa	live.	SHOK BUSPAMAS Title:		ne: 9/16/17
Notarization requires *State of County of	ed if document is not signe ) ss. )	d in the presence of a Ba	ank employee.	
The foregoing instrument we this, authorized algner.	s acknowledged before me	day of	20 by	
		Notery Public My commission expires:		
			•	
				,
R.BANK USE ONLY.			<del></del>	
eposit Certificate Received By:				

2014-Jul-18 02:65 AM KeyBank 216-362-3212 Market Tower IN-27 99-2913

9/20

🖰 त KeyBank 🔍		Busine	ss Noir P	ersonal Sigi	nature Card (PAGE)
Logol Title of Account GREENVILLE CRE	EKЦФ		1314	Approprie Valu	4582
		Purds Owner Coca 02	Bub Pri	etuci Ceda 68	Sub Funds County Code 04
SERIOR MOTERNA PRINCIPALE SOUTH TOWN	Sistement Making Address SOUTH TOWER		SICC	<b>48</b>	AND VOICES
CIŲ (NOIANAPOLIS	Shoke IN	Zip Coda 4620	4-1904	Telephona No.	
Opened Date   Opening   Opening	Deposit 1000	Орельс ву ОВВ	Ó	TUHUZ	KeyCenter Telepherso Na.
Signar's Name (piesse piliti)	Title	Social	Security No.	Signeture	
JENNIFER A JOHNSON	CEO				
it is agreed that all transactions on into Act hereafter made. By executing this algorithm further egreed that the Bank may constant turber egreed that the Bank may constant further egreed that the submitty designated by in which this Account is maintained, until a effect and the Bank one; he incommitted in a cartily that the above are the time and get Under possible of papers, the understand Emply has and been notified by the internal has maintain the Emply has and been notified by the internal has notified the Emply has not been a further to be bested the Analysis who is a U.S. clabar or A particularly, corporation, company;  An extel (other than a foreign estate in Advanced in the further (estate in Advanced in the constant in the constant in flague).  The understand must cross out lives (2) a internal or christenists of the lax return.  Tax identification No. 48-5352040	wine signatures of enhorized d cardins that (1) the member in and (1) the Entity is not suit from the Service that it is suit direct to backup withholding, it purposes, you are considera a U.S. resident allen; or essociation presided or or others nearlow 301.7701-7, bowe if the Entity has been no	i signer(s) with their in section and this form it best to backup within spec to backup within and (3) / sin a U.S. ci and a U.S. person if you intried (in the United S willed by the IPS that	o the Entity's extra days because in the Entity's extra state of other U.S. states or under the R is comently subj	horized to sign for the last taxony or employed the Emily to exempt in fallows to report all important passon (defined below the Emilian States).	Enlity.  * Identification number for the om baskup Withouthin; or (a) the security of dividends, or (a) the IRS  **  **  **  **  **  **  **  **  **
Refer to the Bet of payees exempt from be if this Entity is exempt from backup within if you see a foreign person, cross out the s The internet Revenue Starker does not re-	iding end information reporting bove certification eaction and	g under IRS regulatio 'U.B. Person on the l	no, onteryour com he underyour siz	nature below. Complet	te the eppropriete Form VV-E.
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Continue or Respiritors Flight Linux Locations	Sty. Rep.	1	na/ <i>ann)</i> New 🏻 Chango	of Signers Effortive	Dalar

# IN-27-49-2913

Location:

Date:

Sig. Req.

# Orx KevBank

# Business Non-Personal Signature Card

		7						
	BROOKVILLE LANE LLC			6991314	Account No.	4565		
				Code 02	Sub Product Cods 09	Sub Funds Owner Code 04		
	Statement Mailing Address	<del></del>	Source of Fu		SIC Code	Sales Volume		
	ST 250			010				
	Giy INDIANAPOLIS	State 1	Zip Code N	46258-3386	Telephone No.			
	Opening Dep 07/22/2014	6년1 \$1000.00	Opened By	CBBC	Officer Code TDH0Z	KeyCenter Teleptione No.		
	Signas's Name (doese priil)	7160		Ewist Beauty,				
	BRIAN T ARNOT	Manage	<i>r</i>		B	119		
,					·			
	connection with funds belonging to the Entity to whom this Account is titled (the "Entity"). This undersigned acknowledge(s) receipt of a copy of the Deposit Account. Agreement and Disclosures governing this Account, this agreed that all transactions on this Account, shall be subject to the existing Deposit Account Agreement and Disclosures as well as any amendments thereto hereafter made. By executing this algoriture card, each algoritation to the terms and conditions of seald Deposit Account Agreement and Disclosures. It is further agreed that the Bank may conclusively assume that the authority of each signer shall conditions as such until receipty the Bank for withen notice to the contrary, consistent with the authority designated by the corporate or non-corporate depository certificate or resolution on file, such notice to be given to each office of the Bank in which this Account is melhalianed. Until such notice is actually received; the authority conferred the such contract is entitled the Account is melhalianed. Until such notice is actually received; the authority conferred the in the Account is melhalianed. Until such notice is actually received; the sufforthy conferred the in the accounts with a sufficient or resolution on file, such notice to be given to each office of the Bank; which this Account is melhalianed and saved harmless from any loss suffered or liability licitared by it in continuing to act in pursuance of this signature card.  I cartify that the above are the true and genutine signatures of authorized signer (s) with their respective title, authorized to sign for the Entity.  Under penalties of perjury, the undersigned certifies that (1) the number shown on this form is the Entity is correct to support or employer identification number. (or the Entity is waiting for a number to be sized,), and (2) the Entity is not such an account of the Entity to the internal Revenue Service the sized of Entity is not such an account of the Entity is an account of the Entity that it is no larger subject							
	By Zon of Manager							
	Starraduser of U.S. Person  For Bahir Use Only	<i></i>			Title			
	New Account Verification Verified By Weived I Chex Systems Telephone No.	Type of Access  Checking A	Account C	] Statement Savlugs I Money Markel Savings	Status  Corporation  Sole Prophetorship	Corporation Non-Profit  Derinership Public Funds		
	Other	Certificate	of Deposit		☐ Organization/Association	n		

Effective Date:

Change of Signare

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		ir Name			and Charles	Section Section

## Business Non-Personal Signature Card

Legal Title of Account;	ORT CROSS	BING		KeyCenter	No.		Account No;	6712
				Funds Own	r Code 02	Sub Prod	act Code AH	Sub Funds Owner Code
Statement Meiling Address 3815 RIVER CROSSING PARKWAY SUITE 100					SIC Code		Sales Volump	
City	APOLIS		State IN	Zip Code	46240-7766	<b>1</b>	Telephone No.	303-356-2904
Opened Date 08/20/2014	Opening D	**************************************		Opened By	itemet Banking	Of	ficer Code OLDDA	KeyCenter Telephone No.
Signes's Namo (phasa p	(પ્રાપ્ય	Title			Social Security	Ma .	Signatura	
TWYLA RYAN		Man	ager				Du	gla Para
								0
								- W-W
40.45.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			······	<del></del>		<del></del> -		

KeyBank, N.A., hereinafter the "Bank", is authorized to recognize any of the signatures subscribed above for the transaction of any business for this Account in connection with funds belonging to the Entity to whom this Account is titled (the "Entity"). The undersigned acknowledge(s) receipt of a copy of the Deposit Account Agreement and Disclosures governing this Account.

It is agreed that all transactions on this Account shall be subject to the existing Deposit Account Agreement and Disclosures as well as any amendments thereto hereafter made. By executing this signature card, each signer shall be bound by the terms and conditions of said Deposit Account Agreement and Disclosures. It is further agreed that the Bank may conclusively assume that the authority of each signer shall continue as such until receipt by the Bank of written notice to the contrary, consistent with the authority designated by the corporate or non-corporate depository cartificate or resolution on file, such notice to be given to each office of the Bank in which this Account is maintained. Until such notice is actually received, the authority conferred herein to the above noted signatories shall remain in full force and effect and the Bank shall be indemnified and saved harmless from any loss suffered or liability incurred by it in continuing to act in pursuance of this signature card.

I certify that the above are the true and genuine signatures of authorized signer (a) with their respective title, authorized to sign for the Entity.

Under penalties of perjury, the undersigned certifies that (1) the number shown on this form is the Entity's correct texpayer or employer identification number (or the Entity is waiting for a number to be Issued'), and (2) the Entity is not subject to backup withholding because: (a) the Entity is exempt from backup withholding, or (b) the Entity has not been notified by the Internal Revenue Service that it is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Entity that it is no longer subject to backup withholding, and (3) I am a U.S. chizen or other U.S. person (defined below):

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or a U.S. resident alien,

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301,7701-7).

The undersigned must cross out item (2) above if the Entity has been notified by the IRS that it is currently subject to backup withholding because of under -reporting interest or dividends on its tex return.

#### Tax Identification No.32-0445999

Refer to the list of payees exempt from backup withholding and for which no information reporting is required .

If this Entity is exempt form backup withholding and information reporting under IRS regulations , enter your correct TIN in the previous section and check here : 🚨

If you are a foreign person, cross out the above certification section and U.S. Person on the line under your signature below. Complete the appropriate Form W-8. The Internal Revenue Service does not require your consent to any provisions of this document other than the cordifications required to avoid backup withholding.

IN WITNESS WHEREOF, I have set my hand at

INDIANAPOLIS City	IN State	
By Signature of U.S. Persen	<u> </u>	SIGNHERE Manager
For Blank Use Only New Account Verification Verified By Waived By Chex Systems Telephone No. Other	Type of Account  Checking Account  Money Market Account  Certificate of Deposit	Status    Status   Corporation   Corporation Non-Profit     Money Market Sevings   Sole Proprietorship   Partnership Public Funds     Organization/Association     Limited Liability Company
Certificate or Resolution Filed  Date: Location:	Sig. Req.	(check ans )  ■ New □ Change of Signers Effective Date:

# PX3 Agarwal Attachment H US Bank Records

# CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

- 1. I, Hicia Shierve, have personal knowledge of the facts set forth below and am competent to testify as follows:
- 2. I have authority to certify the authenticity of the records produced by U.S. Bank N.A. and attached hereto.
- 3. The documents produced and attached hereto by U.S. Bank N.A. are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of U.S. Bank N.A.; and
  - Were made by the regularly conducted activity as a regular practice of U.S. Bank
     N.A.

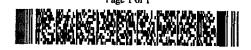
I certify under penalty of perjury that the foregoing is true and correct.

Executed on Dec 23, 2016.

Agarwal Attachment H-1



ACCOUNT TITLE: BRASS TRIANGLE LLC					
ADDRESS: 4600 E WASHINGTON ST STE 300	TIN: 45-5076536				
	PHONE: (303) 437-6485				
CITY: PHOENIXSTATE: AZ ZIP: 85	034-1908				
TYPE OF BUSINESS: Limited Liability Company - C Corp					
TYPE OF ACCOUNT: Silver Business Checking					
OWNERSHIP: Limited Liability Company					
Account Holder Name(s)	Account Number				
MEGAN E GOODMAN-ARNDT, JOO	9480				
DATE OPENED: 06/08/2015 TIME OPENED: 01:49 PM OPENED BY:	eric G Gardner OFFICE: 04568				
Certification: Under penalties of perjury, I certify that:					
(1) (45-5076536) is my correct Taxpayer Identification Number (or I am	Waiting for a number to be issued to mo), and				
(2) I am a U.S. Citizen or other U.S. person, and					
(3) I am not subject to backup withholding because (a) I have not been	notified by the Internal Revenue Service (IRS) that I am				
subject to backup withholding as a result of failure to report all interest or	dividends, or (b) the IRS has notified me that I am no				
longer subject to backup withholding.  (4) The FATCA code(s) entered on this form (if any) indicating that Lag					
(4) The FATCA code(s) entered on this form (if any) indicating that I am	exempt from FATCA reporting is correct.				
Certification Instructions. You must cross out item 3 above if you have be	een notified by the IRS that you are currently subject to				
Dack up withholding because you have tailed to report all interest and divide	Inds on your fax return. For real estate transaction, Home				
is upes not apply. For mortgage interest paid, acquisition or abandonment of	f Secured property, cancellation of debt, contributions to				
an individual retirement arrangement (IRA), and generally payments other than interest and dividend you are not required to sign the Certification, but you must provide your correct TIN.					
The Internal Revenue Service does not require your consent to any pro required to avoid backup withholding.	vision of this document other than the certifications				
E-SIGNed 06/08/2015 by MEGAN E COODMAN-APADE					
Mc Goodman Sund					
MCO BODING AND					
MEGAN E GOODMAN-ARNOT Date:					
Terms And Conditions: The bank is hereby authorized to recognize the si	Inature(s) subscribed below in the navment of funds or				
lue transaction of any dusiness for this account. All transactions shall be do	VEIDED by applicable laws and the bank's terms (see,				
acknowledged as received nerewith) that pertain to the type of account and	Style of ownership indicated on this cord. I have request				
of the parix, any consumer reporting agency is hereby instructed to furnish a	CONSUMER report relating to the undersigned to the				
park. Refer to resolution file for authorization of signatures where authorization	tion is required				
By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy.					
E-STONE OF (OF /2015 has MECAN B. COOPINS	my and our cellular phone contact policy.				
E-SIGNed 06/08/2015 by MEGAN E GOODMAN-ARNDT					
McGoodmen Shadt					
MEGAN E GOODMAN-ARNOT Date:					





ACCOUNT TITLE: FLAT IRON AVENUE					
ADDRESS: STE 200	TIN: 36-4788962				
2850 W HORIZON RIDGE PKWY	PHONE: (303) 835-7410				
CITY: HENDERSON STATE: NV ZIP: 89052-4395					
TYPE OF BUSINESS: Limited Liability Company - C Corp					
TYPE OF ACCOUNT: Silver Business Checking					
OWNERSHIP: Limited Liability Company					
Account Holder Name(s)	Account Number				
ROBERT L MCEVOY, JOO	498				
DATE OPENED: 06/10/2015 TIME OPENED: 12:16 PM OPENED BY: Eric G Gardi	ner OFFICE: 04568				
Certification: Under penalties of perjury, I certify that:  (1) (36-4788962) Is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and  (2) I am a U.S. Citizen or other U.S. person, and  (3) I am not subject to backup withholding because (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.  (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.					
Certification Instructions. You must cross out item 3 above if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return. For real estate transaction, item 3 does not apply. For mortgage Interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividend you are not required to sign the					

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

E-SIGNED 06/10/2015 BY ROBERT L MCEVOY

Certification, but you must provide your correct TIN.

ROBERT L MCEVOY

Terms And Conditions: The bank is hereby authorized to recognize the signature(s) subscribed below in the payment of funds or the transaction of any business for this account. All transactions shall be governed by applicable laws and the bank's terms (copy acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon request

acknowledged as received herewith) that pertain to the type of account and style of ownership indicated on this card. Upon request of the bank, any consumer reporting agency is hereby instructed to furnish a consumer report relating to the undersigned to the bank. Refer to resolution file for authorization of signatures where authorization is required.

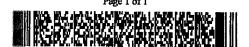
By signing this signature card, you are also acknowledging your express consent to the terms and conditions in your applicable account agreement, including but not limited to our policies on funds availability and our cellular phone contact policy.

E-SIGNED 06/10/2015 BY ROBERT L MCEVOY

ROBERT L MCEVOY

Date:





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ACCOUNT TITLE: SALAMONIE RIVER LLC	State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state
ADDRESS: 9465 COUNSELORS ROW STE 200	TIN: 46-5336296
	PHONE: (303) 884-9152
CITY: INDIANAPOLIS STATE: IN ZIP: 46240-3817	
TYPE OF BUSINESS: Limited Liability Company - S Corp	
TYPE OF ACCOUNT: Silver Business Checking	
OWNERSHIP: Limited Liability Company	
Account Holder Name(s)	Account Number
BLAIR W MCNEA, JOO	1358
DATE OPENED: 09/03/2015 TIME OPENED: 03:40 PM OPENED BY: Erin M Weir	OFFICE: 06910
Certification: Under penalties of perjury, I certify that:  (1) (46-5336296) is my correct Taxpayer identification Number (or I am waiting for a (2) I am a U.S. Citizen or other U.S. person, and  (3) I am not subject to backup withholding because (a) I have not been notified by the subject to backup withholding as a result of failure to report all interest or dividends, or longer subject to backup withholding.  (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating that I am exempt from the FATCA code(s) entered on this form (if any) indicating the entered on the fatch indi	the Internal Revenue Service (IRS) that I am robb the IRS has notified me that I am no me FATCA reporting Is correct.  By the IRS that you are currently subject to tax return. For real estate transaction, item operty, cancellation of debt, contributions to and dividend you are not required to sign the
required to avoid backup withholding.  E-SIGNed 09/03/2015 by BLAIR W MCNEA	
BLAIR W MCNEA Date:	
Terms And Conditions: The bank is hereby authorized to recognize the signature(s) is the transaction of any business for this account. All transactions shall be governed by a acknowledged as received herewith) that pertain to the type of account and style of own of the bank, any consumer reporting agency is hereby instructed to furnish a consumer rebank. Refer to resolution file for authorization of signatures where authorization is required by signing this signature card, you are also acknowledging your express consent to the account agreement, including but not limited to our policies on funds availability and our E-SIGNed 09/03/2015 by BLAIR W MCNEA	pplicable laws and the bank's terms (copy ership indicated on this card. Upon request report relating to the undersigned to the red. terms and conditions in your applicable
- OZGANGA GOTOSTANIA M MUNEM	

BLAIR WMCNEA

All of US serving you™



103583441358 276 Form BSIGCD 05/2014



## **RESOLUTION OF LIMITED LIABILITY COMPANY**

Authority to open accounts, make deposits, and withdraw funds

Account Number: 135	Account	Number:		1358
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## I, BLAIR W MCNEA, HEREBY CERTIFY:

- I am the duly elected, qualified and acting Secretary, Manager or Authorized Member of the limited liability company named \*SALAMONIE RIVER LLC ("Company"), which is organized, validly existing, and in good standing under applicable laws.
- As of 09/03/2015 (date), this resolution is duly authorized, in full force and effect, and has not been amended or rescinded.
- The following individuals are designated as authorized agents of the Company.
  The authorities granted by this resolution have not been revoked, modified,
  annulled or amended in any manner whatsoever. Any authority granted shall
  remain in full force and effect until revoked in writing by the Company.

#### AGENTS AUTHORIZED TO ACT ON BEHALF OF COMPANY

Additional individuals and their signatures may be noted on an attachment, if required.

DIA.	ME	<i>,</i> TI	TI
NA	n#F	, , ,	11 -

SIGNATURE SPECIMEN

OWNER	DI AID WAAAAAIFA	E-SIGNed	09/03/201 <del>5 by</del>	BLAIR	W MCNEA
OWNER	BLAIR W MCNEA,				
	OWNER	•			

All of us serving you



103683441358 277 Form BRESLLC 092012

## RESOLUTION OF LIMITED LIABILITY COMPANY (CONTINUED)

Authority to open accounts, make deposits, and withdraw funds

#### IT IS RESOLVED THAT:

- U.S. Bank, N.A. ("Bank") is designated as a depository of the Company.
- The authorized agents of the Company shall have the authority to:
  - o **DEPOSIT** the funds of the Company into the above-referenced account(s) subject to the present and future account terms and conditions.
  - withdraw the funds of the Company through any and all types of transactions (including but not limited to: executing checks, drafts, bills of exchange, acceptances, wires, funds transfers and other instruments and orders for the payment of money). This authority includes any and all transactions drawn to the individual order of an authorized agent and/or deposited into the individual account of such authorized agent.
  - o PROVIDE instructions with respect to the account(s) of the Company and enter into agreements relating to the account(s) of the Company on behalf of the Company upon such terms and conditions as he or she may deem appropriate.
  - o APPLY for and receive loans, lines of credit, and letters of credit on behalf of the Company, including making pledges for property belonging to the Company as security to the Bank, and to execute and deliver any and all notes, agreements or other documents necessary for such borrowing or security on behalf of the Company.
- The Bank is authorized to honor the facsimile or mechanical signature of any and all authorized agents. A facsimile or mechanical signature is presumed valid regardless of by whom or what means the facsimile signature may have been affixed as long as the facsimile signature reasonably resembles the signature specimen of the authorized agent. Company indemnifies and holds the Bank harmless from any and all claims and liabilities arising from any transaction bearing a facsimile signature as authorized in this resolution.

IN WITNESS WHEREOF, this Resolution of the Company has been executed on 09/03/2015 (date).

E-SIGNed 09/03/2015 by BLAIR W MCNEA

BLAIR W MCNEA (Secretary / Member / Manager) Date





103683441358 277 Form BRESLLC 092012



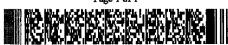
ACCOUNT TITLE: INDIGO SYSTEMS LLC					
ADDRESS: 8888 KEYSTONE XING STE 1300	TIN: 46-5365370				
	PHONE: (303) 835-7410				
CITY: INDIANAPOLIS STATE: IN ZIP: 46240-4600					
TYPE OF BUSINESS: Limited Liability Company - C Corp					
TYPE OF ACCOUNT: Silver Business Checking					
OWNERSHIP: Limited Liability Company					
Account Holder Name(s)	Account Number				
RYAN W REICHENBACH, JOO	0934				
DATE OPENED: 09/01/2015 TIME OPENED: 02:36 PM OPENED BY: Brian J Lantzy OFFICE: 04568					
Terms And Conditions: The bank is hereby authorized to recognize the signature(s) the transaction of any business for this account. All transactions shall be governed by acknowledged as received herewith) that pertain to the type of account and style of own of the bank, any consumer reporting agency is hereby instructed to furnish a consumer bank. Refer to resolution file for authorization of signatures where authorization is required by signing this signature card, you are also acknowledging your express consent to the account agreement, including but not limited to our policies on funds availability and our	applicable laws and the bank's terms (copy nership indicated on this card. Upon request report relating to the undersigned to the lired.				
E-SIGNed 09/01/2015 by RYAN W REICHENBACH	-				
DAIL.					
DATE:					





ACCOUNT TITLE: SOLID ICE LLC						
ADDRESS: 1910 S STAPLEY DR STE 221	TIN: 45-5076196					
	PHONE: (480) 386-5133					
CITY: MESA STATE: AZ  TYPE OF BUSINESS: Limited Liability Company - C Corp	ZIP: 85204-6680					
TYPE OF ACCOUNT: Silver Business Checking						
OWNERSHIP: Limited Liability Company	Account Number					
Account Holder Name(s)	Account Number					
CHRISTINA L MEGALO, JOO	2024					
DATE OPENED: 09/02/2015 TIME OPENED: 01:16 PM OPENE	ED BY: Stefani A Nevells OFFICE: 00496					
subject to backup withholding as a result of failure to report all in longer subject to backup withholding.  (4) The FATCA code(s) entered on this form (if any) indicating  Certification instructions. You must cross out item 3 above if you back up withholding because you have failed to report all interest a	not been notified by the Internal Revenue Service (IRS) that I am terest or dividends, or (b) the IRS has notified me that I am no that I am exempt from FATCA reporting is correct.  The have been notified by the IRS that you are currently subject to and dividends on your tax return. For real estate transaction, item					
3 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividend you are not required to sign the Certification, but you must provide your correct TIN.						
The Internal Revenue Service does not require your consent t required to avoid backup withholding.	o any provision of this document other than the certifications					
E-SIGNed 09/02/2015 by CHRISTINA L MEGALO						
CHRISTINA L MEGALO Date:  Terms And Conditions: The bank is hereby authorized to recogn	also the cignature(c) culterrihed helpsy in the navment of funds or					
the transaction of any business for this account. All transactions a acknowledged as received herewith) that pertain to the type of acc of the bank, any consumer reporting agency is hereby instructed to bank. Refer to resolution file for authorization of signatures where By signing this signature card, you are also acknowledging your ex- account agreement, including but not limited to our policies on fund	hall be governed by applicable laws and the bank's terms (copy count and style of ownership indicated on this card. Upon request of furnish a consumer report relating to the undersigned to the authorization is required.  Repress consent to the terms and conditions in your applicable					
E-SIGNed 09/02/2015 by CHRISTINA L MEGALO						
Clust L. Algorio						

All of us serving you™



103683462024 276 Form BSIGCD 05/2014

# PX3 Agarwal Attachment I Vectra (Zion) Bank Records

## **CUSTODIAN OF RECORDS AFFIDAVIT**

Client Name: Bridge Ford LLC et al

Case No.: 772 3058

COMES NOW, Kevin Mwangi

, who does swear and affirm the following:

- 1. I am a duly authorized custodian of the records for the following entity
- , Vectra Bank of Colorado, a division of ZB, N.A. and as such have access to the records and data maintained by that entity in the regular course of its business.
- 2. I hereby certify that it is a regular practice of the above-described entity to make and keep records of the acts, events, conditions, and opinions of such entity in the ordinary course of its business.
- 3. I hereby certify that the attached documents are true and correct duplicates of all of the records described in the subpoena/summons that are in my possession or control as a custodian of such records.
- 4. I further certify that the original records, from which the attached documents were copied, were made by the personnel of the above-described entity at or near the time of the original business transactions by, or from information transmitted by, a person with knowledge of those matters. Such documents are made in the ordinary course of business at said entity and are regularly kept in order to record the acts, events, conditions, or opinions of said business entity in the course of its regular business practice.
- 5. I hereby declare under penalty of perjury under the laws of the State of **COLORADO** that the foregoing is true and correct.

DATED this 10 day of JANUAR	Y, 2017.	Levin Mwang	? <u>.</u>
	Signature:	sevin 11 may	

State of Utah

**County of Salt Lake** 

SUBSCRIBED and sworn to before me this

10 day of <u>JANUARY</u>, 2017.

Notary Public ALICIA KAY HERRET

Commission No: 685625

Notary Public State of Utah

My Commission Expires 10/12/2019

	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	andronia de la compania de la compa	ank Colorado I	NA Signatui	e Car	d		
Account Title: BOULDER	CREEK INTERNET	T SOLUTION	ONS INC	2	6-140	5218		ch ID: 0435
								Center: 01435
	oration	T == -:-	<del></del>			T=0.51.55	Date	· · · · · · · · · · · · · · · · · · ·
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Account Number	Opened Date	Open	ed/Revised By	Acct Ty		Approved		Closed Date
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tur market by filmer turner 15 - So market extremited	Villa Seconda Anna Provincia de la Carlo de Santo de San	AAGENERIO STAME	92-, 42000000000 <u> </u>		Village Colo	* https://www.arana.com	ONE NOVEMBER WOODS	
Authorized Signers		Enther the of	Signatur	<u>رح سود و</u>		Real Re	lation	ship Corporation
1. BOULDER CREEK INT	ERNET SOLUTION	NS INC	I sankinisini sila				Type:   Tin:	26-1405218
2. BLAIR W MCNEA			Wi -	<del> </del>				Non-Title
2. BLAIR W MCNEA			X -				TIN:	1329
3. JENNIFER A JOHNSOI	N							Non-Title
4.			1				TIN:	3911
4.							Type:	
5.							Type:	
							TIN:	
6.							Type:	
	TAX	REPORT	ING INFORMATION	ON W-9 CE	RTIFIC	ATION	1	
Complete this section only i			. resident allen.	Individual		Sole Proprietor	Trust	<del></del>
Under penalties of perjury, I ce	ertify that:		₽	C Corporation LLC C Corporation	" ∦	S Corporation LLC S Corporation		ership 🔲 Other Partnership
1. The number shown on this	s form is my correct t	axpayer ide	entification number (	or I am waiting	for a nu	mber to be issued	lo me), a	ınd
I am not subject to backup (IRS) that I am subject to back to backup withholding, and     I am a U.S. citizen or other     I am exempt from FATCA	cup withholding as a i r U.S. person, and	result of a f	allure to report all in	terest or divider	nds, or (	(c) the IRS has noti	fied me t	that I am no longer subject
Certification instructions. You because you have falled to repacquisition or abandonment of other than interest and dividen	nort all intercet and d	widends or	Vour fay return For	r real estate trai	reaction	is item 2 does not	anniv F	or mortgage interest paid
Signature of U.S. Person				•	•	Date: 45	115	-
								<del>-</del>
Each person signing this Signature Card ("authorized signer") requests that Vectra Bank Colorado ("the Bank") open the accounts designated and agrees:  - The account(a) are governed by Federal and State law and regulation and the terms and conditions of the most current version of the following DEPOSIT DOCUMENTS: 1) Deposit Account Agreement & Disclosure (Important Information About Your Vectra Bank Accounts), and 2) Interest Rate and Fee Schedule (Deposit Rates and Account Terms). I (we) acknowledge that the Bank has provided a copy of the most current version of the Deposit Documents to me (us). The Deposit Documents may be arrended by the Bank from time to time eard a copy of the arrended Deposit Documents will be available from the Bank and/or will be malled to the account address with the regular monthly statements. The Deposit Documents elong with this Signature Card constitute agreement with the Bank with respect to my/cur account(s). Any one of the signars may establish additional accounts and subscribe to products and banking services related to the account(s) in the same name or names and with the Bank with respect to my/cur account(s). Any one of the signars may establish additional accounts and subscribe to products and banking services related to the account(s) in the same name or names and with the Bank with respect to my/cur account(s). Any one of the signars may establish additional accounts and subscribe to products and banking services related to the account(s) in the same and with the Bank with respect to my/cur account(s).  - BY SIGNING ABOVE I (WE) UNDERSTAND AND ACKNOWLEDGE THAT SUCH ACCOUNT AGREEMENT PROVICES THAT EITHER THE BANK OR I (WE) CAN REQUIRE THAT ANY DISPUTES BETWEEN US CONCERNING THE BANK CACCOUNT I (WE) HAVE OPENED OR CONCERNING MY OTHER BANK ACCOUNTS AND SERVICES WILL BE RESOLVED BY BINDING ARBITRATION.  - BY SIGNING ABOVE I (WE) advisorable Bank ("you") to accept instructions from me (us) to periodose accounts, apply for credit and request services, without my (our) signatur								
	and	/or			and/or	. / <u>/</u>		
Secretary	ano		President or Vice Pres	ident	a.u/0	Authorized Re	presental	tive, Title
6/08/2015							//	

Agarwal Attachment I-2

王-Filed

\$125.00

\$ 25.00

Document processing fee
If document is filed on paper
If document is filed electronically
Fees & forms/cover sheets
are subject to change.
To file electronically, access instructions
for this form/cover sheet and other
information or print copies of filed
documents, visit www.sos.state.co.us
and select Business Center.

1. Entity name:

Paper documents must be typewritten or machine printed.

Colorado Secretary of State

Date and Time: 11/12/2007 03:53 PM

Id Number: 20071520067

Document number: 20071520067

ABOVE SPACE FOR OFFICE USE ONLY

### **Articles of Incorporation**

filed pursuant to §7-90-301, et seq. and §7-102-102 of the Colorado Revised Statutes (C.R.S)

Boulder Creek Internet Solutions, Inc.

	(The name of a corporation mus "incorporated", "company", "li corporation is a professional co "professional corporation", "p.a	imited", "corp.", inc. rporation, it must co	", "co." or "ltd"; If the ntain the term or abbreviation				
<ol> <li>Use of Restricted Words (if any of the terms are contained in an entity name, true name of an entity, trade name or trademari stated in this document, mark the applicable box):</li> </ol>	"bank" or "trust" ( "credit union"	"savings ar	nd loan"				
3. Principal office street address:	10955 Westmoor D						
-	4th Floor	eet name and number,	)				
	Westminster	CO	80021				
	(City)	(State) United S	(Postal/Zip Code)				
	(Province – if applicable)	(Country – į	f not US)				
4. Principal office mailing address: (if different from above):	(Street name and	(Street name and number or Post Office Box information)					
	(City)	(State)	(Postal/Zip Code)				
	(Province – if applicable)	(Country – į	f not US)				
5. Registered agent: (if an individual)	Ruscitti	Giovanni					
OR (if a business organization	(Last)	(First)	(Middle) (Suffix)				
6. The person appointed as registered	agent in the document has con	sented to being	so appointed.				
7. Registered agent street address:	Berg Hill Greenleaf	& Ruscitti LL	P				
- <b>-</b>	1712 Pearl Street	eet name and number,					
	Boulder	CO	80302				
	(City)	(State)	(Postal/Zip Code)				

8. Registered agent mailing address: (LEAVE BLANK if same as above)	(Street name and n	umber or Post Office Bo	x information)	
	(City)	(State)	(Postal/Zip C	Code)
	(Province – if applicable)	(Country - if )	not US)	
9. If the corporation's period of duration is less than perpetual, state the date on which the period of duration expires:				
winch the period of duration expires.	(mm/dd/yyyy)			
10. (OPTIONAL) Delayed effective date:	(mm/dd/yyyy)	_		
11. Name(s) and address(es) of	Stoven	Vandarhura		
incorporator(s): (if an individual)	Steven (Last)	Vanderburg (First)	(Middle)	(Suffix)
OR (if a business organization)	· . •	, ,		,,
,	10955 Westmoor D	)r.		
		d number or Post Office	Box information)	
	Westminster	СО	80021	
	(City)	(State)	(Postal/Zip C	Code)
	(Province – if applicable)	United Sta		
cic in student				
(if an individual)	(Last)	(First)	(Middle)	(Suffix)
OR (if a business organization)				
	(Street name an	d number or Post Office	Box information)	
	(City)	(State) United Sta	(Postal/Zip C	Code)
	(Province – if applicable)	(Country – if n	ot US)	
(if an individual)				
	(Last)	(First)	(Middle)	(Suffix)
OR (if a business organization)				<u></u>
	(Street name an	d number or Post Office	Box information)	
	(City)	(State) United Sta	(Postal/Zip C	Code)
	(Province - if applicable)	(Country – if n		

(If there are more than three incorporators, more of all additional incorporators.)	ark this box 🔲 and include an	attachment stating the true n	ames and mailing	addresses
12. The corporation is authorized to issue	shares of com	ımon stock.		
(Additional classes of capital stock may be autho box and include an attachment stating per		regarding the corporation's	stock may be state	d, mark thi
13. Additional information may be included title 12, C.R.S. If applicable, mark the information.				such as
Notice:				
Causing this document to be delivered to acknowledgment of each individual causi individual's act and deed, or that the individual's act and deed, or that the individual is with the requirements of part 3 of article statutes, and that the individual in good fa document complies with the requirements.  This perjury notice applies to each individual is not state, whether or not such individual is not 14. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:	ing such delivery, under positional in good faith believe causing the document to 90 of title 7, C.R.S., the caith believes the facts starts of that Part, the constituted who causes this document as Quintana	penalties of perjury, the vest he document is the be delivered for filing, constituent documents, ted in the document are sent documents, and the ument to be delivered to one who has caused it  Jackie	at the documer e act and deed taken in confo and the organ e true and the e organic statu to the secretary to be delivered	nt is the of the formity nic ntes.
	(Last) Berg Hill Greenlea	(First) af & Ruscitti LLP	(Middle)	(Suffix)
	1712 Pearl Street	and number or Post Office Bo	x information)	
	Boulder	CO 80	302	
	(City)	United State		ode)
	(Province – if applicable		•	
(The document need not state the true name and of any additional individuals causing the documename and address of such individuals.)		`		
Disclaimer:				
This form, and any related instructions, are offered as a public service without represedegal requirements as of its revision date, time to time, remains the responsibility of attorney.	entation or warranty. Whe compliance with applical	hile this form is believe ble law, as the same m	ed to satisfy m ay be amende	inimum d from

ARTINC\_PC Page 3 of 3 Rev. 11/16/2005

#### BOULDER CREEK INTERNET SOLUTIONS, INC.

# RESOLUTION AND CONSENT OF SHAREHOLDERS BY UNANIMOUS WRITTEN CONSENT

 $A_{100}$ , 7,2008

The undersigned, being the Shareholder of Boulder Creek Internet Solutions, Inc., a Colorado corporation (the "Company"), hereby adopts by unanimous written consent, in accordance with the laws of the State of Colorado under Sections 7-107-104 and 7-107-106 of the Colorado Business Corporations Act, and Colorado Revised Statutes, and Section 13 of the By-Laws of the Company, the following resolution with the same force and effect as if they had been adopted at a duly convened meeting of Shareholders of the Company:

RESOLVED, the Shareholders consent and approve of Steve Vanderburg's sale of ninetynine shares of stock in Boulder Creek Internet Solutions, Inc., a Colorado corporation, which comprises 99% of the total stock of the Company, for a purchase price of \$5,000.00 in accordance with the Stock Purchase Agreement dated April 7, 2008 by and between Steve Vanderburg, individually and as President of the Company, and BellaClear LLC, a Colorado limited liability company.

IN WITNESS WHEREOF, the undersigned has executed this Resolution this 7th day of April, 2008.

Steve Vanderburg, shareholder

STEVE VANDERBURG,

PRESIDENT OF THE COMPANY

V ECTRADITATE Business Ownership	Audendum
Name of Business: Boulder Creek In	ternet Solutions Inc.
Account Numbers:	
The business is a:  ☑ Corporation ☐ Partnership/LLP ☐ Association/Organ	dization LLC Other
Does the business have an Operating Agreement:	☐ Yes ☐ No
The owners of the business are:	į.
Name:	Title:
Blair Mc Nea	Ouner/Member
Blair Mc Nea Jennifer Johnson	CEV/memper.
·	
	·
Information Provided By: Jennifer Johnson	
Client's Printed Name	6-5-15
Client's Signature	Date

Created: 01-2007

Revised: 06/14/2011

Account Title: BRIDGE	FORD LLC		27-522	1236	Branch ID: 0435 Cost Center: 01435		
	ited Liability Compan	<del></del>			Date: 06/05/2015		
upersedes Card date	d:	Replaced by Card date	d:	FileNet Docum	t Document ID:		
Account Number 7915	Opened Date 06/08/2015	Opened/Revised By Sonya Stanley	Acct Type DDA 134	Approved	Closed Date		
uthorized Signers		Signature			ationship Type: LLC		
· BRIDGE FORD LLC					TIN: 27-5221236		
EMILY MCEVOY				Type: Non-Title			
3. JENNIFER A JOHNSO	ON	XCJ			Type: Non-Title TIN: 3911		
					Type: TIN:		
					Type: TIN:		
<b>6.</b>		,			Type: TIN:		
		REPORTING INFORMATION	N - W-9 CERTIFIC	ATION			
I am not subject to backu RS) that I am subject to bac backup withholding, <b>and</b> I am a U.S. citizen or othe I am exempt from FATCA	certify that: ils form is my correct to up withholding because kup withholding as a r er U.S. person, and a reporting.	axpayer identification number (ce: (a) I am exempt from backup esult of a failure to report all int	withholding, or (b) I ha erest or dividends, or (	ave not been notified i (c) the IRS has notifie	by the Internal Revenue Ser d me that I am no longer su		
ecause you have failed to re coulsition or abandonment o	eport all interest and di of secured property, ca	n 2 above if you have been not vidends on your tax return. For incellation of debt, contributions red to sign the certification, but	real estate transaction to an individual retire	is, item 2 does not ap ment arrangement (IF	ply. For mortgage interest r		

- The account(s) are governed by Federal and State law and regulation and the terms and conditions of the most current version of the following DEPOSIT DOCUMENTS: 1) Deposit Account Agreement & Disclosure (Important Information About Your Vectra Bank Accounts), and 2) Interest Rate and Fee Schedule (Deposit Rates and Account Terms). I (we) acknowledge that the Bank has provided a copy of the most current version of the Deposit Documents to me (us). The Deposit Documents may be amended by the Bank from time to time and a copy of the amended Deposit Documents will be available from the Bank and/or will be mailed to the account address with the regular monthly statements. The Deposit Documents along with this Signature Card constitute agreement with the Bank with respect to my/our account(s).

- Any one of the signers may establish additional accounts and subscribe to products and banking services related to the account(s) in the same name or names and with the same signature requirements. Bank is authorized to accept instructions of any kind with respect to the account(s) from any authorized signer.

- BY SIGNING ABOVE I (WE) UNDERSTAND AND ACKNOWLEDGE THAT SUCH ACCOUNT AGREEMENT PROVIDES THAT EITHER THE BANK OR I (WE) CAN REQUIRE THAT ANY DISPUTES BETWEEN US CONCERNING THE BANK ACCOUNT I (WE) HAVE OPENED OR CONCERNING MY OTHER BANK ACCOUNTS AND SERVICES WILL BE RESOLVED BY BINDING ARBITRATION.

- By signing this Signature Card, I (we) authorize the Bank ("you") to accept instructions from me (us) to open/close accounts, apply for credit and request services, without my (our) further original signature. You may accept my (our) oral or electronic instructions with the same effect as if I (we) had signed them. I (we) agree to foliow your security procedures and to provide my (our) further original signature. You may at any time refuse to accept such instructions, I (we) authorize you to record and monitor my (our) telephone calls as evidence of my (our) instructions and for service quality purposes. In addition, The Fair Credit Reporting Act prohibits obtaining certain consumer reports relating to business accounts unless consent to obtained. By signing below, the authorized signor(s) consent to Vectra Bank Colorado making inquiry of and ordering reports from credit reporting, check clearing and other such entities concerning the signor's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Vectra Bank Colorado, and to disclose information about the account(s) to credit reporting agencies and to other persons or agencies who, in its judgment, have a legitimate business purpose for obtaining such information. Upon request, you will inform me (us) if a consumer report has been obtained and will give me the name and address of the agency furnishing the report.

#### LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

Lo /8 / 15 x

Manager or Member Manager or Member Manager or Member

**Business Ownership Addendum** 

# **ECTRABANK** Bridge Ford UC Name of Business: Account Numbers. The business is a: ☐ Corporation ☐ Partnership/LLP ☐ Association/Organization ☐ LLC ☐ Other Does the business have an Operating Agreement: Yes The owners of the business are: Title: Name: <u>Member/manager</u> Emily Mc Evoy Jennifer Johnson **Information Provided By:** Client's Signature

Created: 01-2007

Revised: 06/14/2011

Supersedes Card dated:  Account Number O	ability Compan pened Date 19/30/2015	Replace Opene	ed by Card date d/Revised By ya Stanley	d: Acct Type DDA 134	FileNet Docur	nent ID:	ter: 01435 1/29/2015 Closed Date
Account Number O 8194 C Authorized Signers	pened Date	Replace Opene	d/Revised By	Acct Type		nent ID:	
Account Number O 3194 C		Opene	d/Revised By	Acct Type			Closed Date
Authorized Signers		Opene	d/Revised By	Acct Type	Approved		Closed Date
Authorized Signers	9/30/2015	Son	ya Stanley	DDA 134			
		<del></del>					
			· .		<u> </u>		
		ARTORET GROBES	Signature		Rel	ationship	
· WHEELER PEAK MARKETI			Signature			Type: LLC	
	NG LLC				j	TIN: 35-2	507907
BLAIR W MCNEA						Type: Non-	
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omplete this section only if you				Individual / Sole Proprietor /		Trust / Estate	Other
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אס) that ו am subject to backup w b backup withholding, and	minololing as a r	esuit of a fa	illure to report all int	erest or dividends, or (d	) the IRS has noun	eo me unat i a	m no longer su
I am a U.S. citizen or other U.S.							
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ertification instructions. You mu ecause you have failed to report a	ll interest and di	vidends on	your-tax-return, For	real estate transactions	, item 2 does not a	pply. For more	gage interest/p
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ignature of U.S. Person			<del>)</del>	TiN:	35-2507907	Date:	1 P 11-

LIMITED LIABILITY COMPANY (LC/LLC) AUTHORIZATION Professional Limited Liability Company (PLLC)

The undersigned individuals hereby certify that (a) they are member(s) or manager(s) of the limited liability company named on this Signature Card, with authority to transact banking business on behalf of such limited liability company, and (b) that the following resolution was adopted by the members and/or managers, as required by applicable state law. The limited liability company is referred to as "Entity". ANY INDEBTEDNESS INCURRED IN CONNECTION WITH THIS ACCOUNT SHALL BE THE INDEBTEDNESS OF EACH AND EVERY OF THE UNDERSIGNED, INDIVIDUALLY AND COLLECTIVELY.

ordering reports from credit reporting, check clearing and other such entities concerning the signor's personal financial and other information, even though this may be a business account, to be used for evaluating and handling this and other deposit and loan accounts at Vectra Bank Colorado, and to disclose information about the account(s) to credit reporting agencies and to other persons or agencies who, in its judgment, have a legitimate business purpose for obtaining such information. Upon request, you will inform me (us) if a consumer report has been obtained and will give me the name and address of the agency furnishing the report.

9	2/30/15	DE THE INDEBTEDINESS OF EACH AND E	vert of the undersigned, indi	VIDUALLY AND COLLECTIVELY.
<i>F</i>	Date	Manager or Member	Manager or Member	Manager or Member

WECTRABANK Business Ownership	Addendum
Name of Business: Wheeler Peak Man	-Keting LLC
Account Numbers: 8194	
The business is a:  Corporation Partnership/LLP Association/Organ	ulzation XLLC  Other
Does the business have an Operating Agreement:	☐ Yes
The owners of the business are:	
Name: BLAIIZ M Xlea	Title: CEO MAXIA 6 BR
·	
•	
Information Provided By:  Blair Watte	
Client's Printed Name	9-30-2015
Climat's Circagasto	Date

Created: 01-2007 Revised: 06/14/2011

# PX3 Agarwal Attachment J Compass Bank Records

# CERTIFICATION OF RECORDS OF REGULARLY CONDUCTED ACTIVITY Pursuant to 28 U.S.C. § 1746

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- 2. I have authority to certify the authenticity of the records produced by Compass Bank and attached hereto.
- 3. The documents produced and attached hereto by Compass Bank are originals or true copies of records of regularly conducted activity that:
  - a) Were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
  - b) Were kept in the course of the regularly conducted activity of Compass Bank.; and
  - Were made by the regularly conducted activity as a regular practice of Compass
     Bank.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on fautau 13, , 2018. 7

Lance Whe

# **BBVA** Compass

			<b>Contacting Us</b>	
Account Number: (	3450 Date: 12/03/2014		Branch Information  LAFAYETTE COLORADO  Cost Center  State:	BNKG CTR 483
			Officer Name	
			ALAN CROW Officer Number:	4804
			Unicer Number:	4804
WALNUT STREET MARI	KETING, INC.			
<sup>18</sup> 3450	50			
Recount Number	Printery Text	seyer ID		
rofessional Corporatio	an			
Экпенияр Туре				
New Account	Change Authorized	Signers	☐ Name Change	
Taxpayer identif	fication Number Certifica	tion for the A	ccount Owner/Bu	siness
Regulations)	sumer Deposit Account Agreeme	nt for a complete	explanation of Backup W	fithholding
Check appropriate box	x for federal tax classification:			
☐ Individual/sole prop	prietor		C Corporation	
S Corporation		=	Partnership Other	
Trust/Estate	empany: Enter tax Classification	لبنا	Other	
	Corporation, P=Partnership:			
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Business name/disregarded entity			<del></del>	
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FURTHER RESOLVED, that all transactions, if any, with respect to any deposits, withdrawais, discounts, rediscounts, and borrowing by or on behalf of end/or in the name of the Business with the Bank and/or its affiliates prior to the adoption of these resolutions are ratified, approved and confirmed.

FURTHER RESOLVED, that any and all prior resolutions adopted by the Business and delivered to the Bankes governing operation of this Business' account(s), are in full force and effect, as supplemented or modified by this authorization.

FURTHER RESOLVED, that the Bank may rely on these resolutions in establishing the Business' depository account, that these resolutions shall continue in full force and effect until the Bank shall receive official notice in writing from the Business of the modification or revocation of these resolutions and shall in writing acknowledge receipt thereof, and that the certification below as to the signature of the above-named Authorized Representatives shall be binding on the Business.

#### Certificate

I serve the Business in the capacity identified below, and I certify that:

- The foregoing is a full, true and correct copy of resolutions duly and regularly adopted by (i) the Board of Directors or Trustees (if the Business is a corporation, association or "other" entity), (ii) all Partners (if the Business is a general partnership), (iii) all General Partners (if the Business is a Limited Partnership or Registered Partnership), (iv) all Members or Managers (if the Business is an LLC), or (v) Owner (if the Business is a Sole Proprietorship) (collectively referred to as the "Governing Group"), either at a meeting of the Governing Group duly held on the date shown below, at which a quorum was at all times present and acting or, if the Business is a corporation or partnership, by unanimous written consent. The Business' Governing Group adopted these resolutions, NOVEMBER, 12th, 2007.

  The Business' Governing Group have and at the time of adoption had full power and lawful authority to adopt the resolutions and to confer the powers granted to the Authorized Persons who have full power and lawful authority to exercise the same.
- exercise the same.
- There is no provision in the Articles, Charter, By-Laws, or any other organizational documents or agreements of the Business (referred to as the "Governance Documents") limiting the power of the Governing Group to pass these resolutions, that these resolutions are in conformity with the Governance Documents, and that attached to these resolutions are complete, accurate and current copies of the Business' Governance Documents as of the date shown below.
- These resolutions are still in full force and effect, have not been amended or revoked, and have been recorded in the minute books of this Business, and that the specimen signatures below are the signatures of the Authorized Representatives who are authorized to act for the Business by virtue of these resolutions.

PRINTED NAME	TITLE/POSITION	SIGNATURE
SUSAN LAURENT	OWNER	An
DANIELLE FOSS	ACCOUNT SIGNER	A) 17.4
		1. 7.1.3
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	· · · · · · · · · · · · · · · · · · ·	

IN WITNESS WHEREOF, I have subscribed my name as of this, 3rd day of DECEMBER, 2014 and, if the Business is a corporation, I have affixed its seal.

For Corporations, Associations, LLCs, Sole Proprietorships and "Other" entities:

By: SUSAN LAURENT

16/05

This Certificate must be completed by the individual holding the position shown below:

if the Business is a corporation or "Other" entity, by the Secretary
If the Business is an LLC, by a Member or, if the LLC is manager managed, by the Manager
If the Business is an association, by an Officer

if the Business is a Sole Proprietorship, by the Owner/Sole Proprietor

December 3, 2014

I, Susan Laurent, owner of Walnut Street Marketing, Inc, am requesting that Danielle Foss, be added as an authorized signer to account \$3450 with BBVA Compass with full account access capabilities.

Sincerely,

Susan Laurent